

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB -2 PM 2: 27

DOCUMENT # **P18096** (8)

1. Corporation Name  
**PYRAMID MOULDINGS INC.**

Principal Place of Business Mailing Address  
**5353 WEST ARMSTRONG AVE. CHICAGO IL 60646-3594**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		25		02/23/1988	02/04/1994
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		35-3563628	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

B1 Name	B2 Street Address (P.O. Box Number Is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUE, WILLIAM A	1.2 NAME	
STREET ADDRESS	1042 HWY 135	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANDRIDGE TN	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, RICHARD J.	2.2 NAME	
STREET ADDRESS	100 FEN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SYOSSET NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, STEPHEN	3.2 NAME	
STREET ADDRESS	1588 UNION AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HEWLETT NY	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYETT, OTTO	4.2 NAME	
STREET ADDRESS	5234 RIVERPARK VILLA	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ROBERT B.	5.2 NAME	
STREET ADDRESS	124 S. MARION PL	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE CENTRE NY	5.4 CITY-ST-ZIP	
TITLE	VST	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, DANIEL E.	6.2 NAME	
STREET ADDRESS	132 WOODSTONE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BUFFALO GROVE IL	6.4 CITY-ST-ZIP	

*Billy L Lutes*  
584 Glacier Trail  
Kissimmee, FL 34742

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR FIRM OR DIRECTOR

1/27/95 (914) 763-1200