2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23886

Entity Name: ANDERSEN WINDOWS, INC.

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 551 N. MAINE ST. 551 N. MAINE ST. BAYPORT, MN 550031096 BAYPORT, MN 550031096 **Current Mailing Address: New Mailing Address:** 551 N. MAINE ST 551 N. MAINE ST BAYPORT, MN 550031096 BAYPORT, MN 550031096 FEI Number: 36-3614252 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: COO () Delete Title: (X) Change () Addition HUMPHREY, JAMES E HUMPHREY, JAMES E Name: Name: 551 NORTH MAIN ST 551 NORTH MAIN ST Address: Address: BAYPORT, MN 55003 City-St-Zip: BAYPORT, MN 55003 City-St-Zip: VΡ Title: SVP Title: () Delete (X) Change () Addition BERNICK, ALAN E BERNICK, ALAN E Name: Name: 551 NORTH MAIN ST 551 NORTH MAIN ST Address: Address: BAYPORT, MN 55003 BAYPORT, MN 55003 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete SVP DONALDSON, PHILIP E DONALDSON, PHILIP E Name: Name: 551 NORTH MAIN ST 551 NORTH MAIN ST Address: Address: City-St-Zip: BAYPORT, MN 55003 City-St-Zip: BAYPORT, MN 55003 Title: VΡ () Delete Title: SVP (X) Change () Addition CARTER, MARY D CARTER, MARY D Name: Name: Address: 551 NORTH MAINE ST Address: 551 NORTH MAINE ST City-St-Zip: City-St-Zip: BAYPORT, MN 55003 BAYPORT, MN 55003 Title: SVP Title: () Delete () Change () Addition LUND, JAY R Name: Name: 551 NORTH MAINE ST Address: Address: City-St-Zip: BAYPORT, MN 55003 City-St-Zip: Title: () Delete Title: () Change () Addition TAYLOR, JAMÉS K Name: Name: 551 NORTH MAINE ST Address: Address: City-St-Zip: City-St-Zip: BAYPORT, MN 55003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES K TAYLOR DT 03/12/2009