## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P28369

Entity Name: TAMKO BUILDING PRODUCTS INC

FILED Apr 21, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
220 WEST PO BOX 14 JOPLIN, M		_		220 WEST FOURTH ST. JOPLIN, MO 64801 US		
Current M	ailing Addres	ss:	New Mail	New Mailing Address:		
PO BOX 14 JOPLIN, M	404 O 648021404	US				
FEI Number: 44-0502367 FEI Number Applied For ( ) FEI Nu			FEI Number Not App	Imber Not Applicable ( ) Certificate of Status Desired (X)		
Name and	Address of C	Current Registered Agent:	Name and	d Address o	of New Registered Agent:	
1200 S. PIN	ORATION SYS NE ISLAND RO ON, FL 33324	DAD				
	named entity see of Florida.	submits this statement for the pu	urpose of changing	its registere	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Ager	nt		Date	
Election Can	npaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V ( ) EWERT, RICH/ 220 WEST FOU JOPLIN, MO 6	JRTH STREET	Title: Name: Address: City-St-Zip:		FOURTH STREET	
Title: Name: Address: City-St-Zip:	V ( ) ROCK, TOM 220 WEST FOU JOPLIN, MO 6		Title: Name: Address: City-St-Zip:		FOURTH STREET	
Title: Name: Address: City-St-Zip:	PD () HUMPHREYS, 220 WEST FOU JOPLIN, MO 6	JRTH STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) WHELAN, TIMO 220 WEST FOU JOPLIN, MO 6	JRTH STREET	Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( ) JONES, DAVID 220 WEST FOU JOPLIN, MO 6	JRTH STREET	Title: Name: Address: City-St-Zip:	V JONES, DA' 220 WEST JOPLIN, MC	FOURTH STREET	
Title: Name: Address: City-St-Zip:	T () BETEBENNER, 220 W 4TH ST JOPLIN, MO 6		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	

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: SANDRA K. BETEBENNER T 04/21/2009