FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR -3 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P33732 (9)

1. Corporation Name

AMERICAN ALUMINUM AND INSULATION CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 699 MIDDLETOWN PA 17057	P.O. BOX 699 MIDDLETOWN PA 17057

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/29/1991
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 23-2190176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and the date as well. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	11 TITLE	☐ Change ☐ Addition
NAME	HILL, DAVID N.	12 NAME	
STREET ADDRESS	C/O 150 FULLING MILL RD.	13 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	14 CITY-ST-ZIP	
TITLE	CD	21 TITLE	☐ Change ☐ Addition
NAME	HILL, DAVID N.	22 NAME	
STREET ADDRESS	C/O 150 FULLING MILL RD.	23 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ROH, TIMOTHY L.	32 NAME	
STREET ADDRESS	C/O 150 FULLING MILL RD.	33 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	HILL, LIZABETH	42 NAME	
STREET ADDRESS	C/O 150 FULLING MILL RD.	43 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	WIDEL, GREGORY	52 NAME	
STREET ADDRESS	C/O 150 FULLING MILL ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	MIDDLETOWN PA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an arrow.

SIGNATURE: Gregory L. Widel — 2/22/95 — 717-944-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0405161 FN