FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **04/29/1991**

3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business
21 150 FULLING MILL ROAD
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 150 FULLING MILL ROAD
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

GOLD, AARON J
704 WEST BAY STREET
TAMPA FL 33606

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 607.1506, 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 _____ (NOTE: Registered Agent Signature required if filing only this form) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	☐ DELETE	1.1 TITLE	P/C/D	☒ Change ☐ Addition
NAME	HILL, DAVID N.		1.2 NAME		
STREET ADDRESS	C/O 150 FULLING MILL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN PA		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	HILL, DAVID N.		2.2 NAME	INCLUDED IN PREVIOUS LINE	
STREET ADDRESS	C/O 150 FULLING MILL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN PA		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROH, TIMOTHY L.		3.2 NAME		
STREET ADDRESS	C/O 150 FULLING MILL RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN PA		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HILL, LIZABETH		4.2 NAME		
STREET ADDRESS	C/O 150 FULLING MILL RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN PA		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WIDEL, GREGORY		5.2 NAME		
STREET ADDRESS	C/O 150 FULLING MILL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLETOWN PA		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 address.

SIGNATURE: Gregory E. Widel 4/29/96 717-944-0437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #