

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

**APPROVED
AND
FILED**

95 APR 26 AM 7:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P37345 (6)

1. Corporation Name

G.S. BUILDING SYSTEMS CORPORATION

Principal Place of Business

**195 FARMINGTON AVE.
FARMINGTON CT 06032
US**

Mailing Address

**P.O. BOX 1186
FARMINGTON CT 06034
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

04/27/1994

4. FEI Number

06-0541955

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

P.O. Box 10010

27

1 High Ridge Park

28

Stamford CT

29

06904

30

Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
MELLEN, T. J.
195 FARMINGTON AVE.
FARMINGTON CT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VAS
DEFILIPPO, P. M.
195 FARMINGTON AVE.
FARMINGTON CT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
BROOKS, R. N.
195 FARMINGTON AVE.
FARMINGTON CT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
MAXWELL, R. W.
195 FARMINGTON AVE.
FARMINGTON CT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
NAGY, S.W.
HIGH RIDGE PARK
STAMFORD CT**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☒ Change ☐ Addition

**V A
Martin, Terence D
High Ridge PL
Stamford CT**

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☒ Change ☐ Addition

**V P - Treasurer
Twombly, Julian B
High Ridge PL
Stamford CT**

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 recorder, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

T.E. KINGSLEY, JR.

ASSISTANT SECRETARY

4-13-95

Date

203 329-4100

Telephone Number