

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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 10010
1 HIGH RIDGE PARK
STAMFORD CT 06904
US

3. Date Incorporated or Qualified 02/03/1992 3a. Date of Last Report 04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FFI Number 06-0541955 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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and date of signature

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-------------------|---------------------|---------------|-------------------------------------|
| P | MELLEN, T. J. | 195 FARMINGTON AVE. | FARMINGTON CT | <input type="checkbox"/> |
| VAS | DEFILIPPO, P. M. | 195 FARMINGTON AVE. | FARMINGTON CT | <input type="checkbox"/> |
| V | BROOKS, R. N. | 195 FARMINGTON AVE. | FARMINGTON CT | <input checked="" type="checkbox"/> |
| VP | MARTIN, TERENCE D | HIGH RIDGE PARK | STAMFORD CT | <input type="checkbox"/> |
| VPT | TWOMBLY, JULIAN B | HIGH RIDGE PARK | STAMFORD CT | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| 1-1 TITLE | 1-2 NAME | 1-3 STREET ADDRESS | 1-4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2-1 TITLE | 2-2 NAME | 2-3 STREET ADDRESS | 2-4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3-1 TITLE | 3-2 NAME | 3-3 STREET ADDRESS | 3-4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4-1 TITLE | 4-2 NAME | 4-3 STREET ADDRESS | 4-4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5-1 TITLE | 5-2 NAME | 5-3 STREET ADDRESS | 5-4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6-1 TITLE | 6-2 NAME | 6-3 STREET ADDRESS | 6-4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T.E. KINGSLEY, JR.
ASSISTANT SECRETARY

4-19-96

203-329-4100

Date

Daytime Phone

CR2E034 (12/95)