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Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/03/1992

4. FEI 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 607.1508, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE EVP
NAME MELLEN, T J
STREET ADDRESS 195 FARMINGTON AVE.
CITY-ST-ZIP FARMINGTON CT

1.1 TITLE Asst. Treas.
1.2 NAME James H. Doherty
1.3 STREET ADDRESS 1 High Ridge Park
1.4 CITY-ST-ZIP Stamford CT

TITLE VAS
NAME DEFILIPPO, P M
STREET ADDRESS 195 FARMINGTON AVE.
CITY-ST-ZIP FARMINGTON CT

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VPT
NAME MARTIN, TERENCE D
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P
NAME TWOMBLY, JULIAN B
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME BOBER, JOANNE L
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME KINGLEY JR., THOMAS E
STREET ADDRESS HIGH RIDGE PARK
CITY-ST-ZIP STAMFORD CT 06904

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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

CR2E034 (10/97)