

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0946174

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 30, 1999 8:00 am
Secretary of State

03-30-1999 90047 036 ***150.00

DOCUMENT # **P37345**

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 P.O. Box 3301

Suite, Apt. #, etc.

27 City & State

28 Muskegon, MI

29 Zip

49443

Country

30

USA

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	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MELLEN, T J	
STREET ADDRESS	195 FARMINGTON AVE.	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	DEFILIPPO, P M	
STREET ADDRESS	195 FARMINGTON AVE.	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, TERENCE D	
STREET ADDRESS	HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	TWOMBLY, JULIAN B	
STREET ADDRESS	HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOBER, JOANNE L	
STREET ADDRESS	HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DOHERTY, JAMES H	
STREET ADDRESS	1 HIGH RIDGE PARK	
CITY-ST-ZIP	STAMFORD CT 06904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. B. Twombly	
1.3 STREET ADDRESS	700 Terrace Point Drive	
1.4 CITY-ST-ZIP	Muskegon, MI 49443	
2.1 TITLE	VP/Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Christopher J. Kearney	
2.3 STREET ADDRESS	700 Terrace Point Drive	
2.4 CITY-ST-ZIP	Muskegon, MI 49443	
3.1 TITLE	VP/Treasurer/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arthur R. Cross	
3.3 STREET ADDRESS	700 Terrace Point Drive	
3.4 CITY-ST-ZIP	Muskegon, MI 49443	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Patrick J. O'Leary	
4.3 STREET ADDRESS	700 Terrace Point Drive	
4.4 CITY-ST-ZIP	Muskegon, MI 49443	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Kearney/Secretary 2/16/99 (616) 7245000

Date

Daytime Phone #

CR2E034 (11/98)