2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT #V06779 07-11-2008 90018 018 ***158.75 1. Entity Name ARCHITECTURAL GLASS AND GLAZING CORPORATION Principal Place of Business Mailing Address 40110382 100 INDUSTRIAL LOOP 101 INDUSTRIAL LOOP ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US ncipal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. 07072008 Chg-P CR2E034 (12/06) City & State 4. FEI Number Applied For 59-3104544 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGMANN, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 101 INDUSTRIAL LOOP ORANGE PARK, FL 32073 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWILL FEE IS \$150.00 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the \$5.00 May Be \Box Trust Fund Contribution. corporation did not receive the prior notice. Due by September 12, 2008 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PST TITLE ☐ Delete TITLE ☐ Change BERGMANN, KENNETH R. NAME 101 INDUSTRIAL LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition BERGMANN, KENNETH R. NAME NAME STREET ADDRESS 101 INDUSTRIAL LOOP STREET ADDRESS CITY-ST-ZIP ORANGE PARK, FL 32073 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental/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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

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FILED Jul 11, 2008 8:00 am Secretary of State