**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 21, 2014**
**Secretary of State**
**CC7571303034**

DOCUMENT# 803431

**Entity Name:** HUTTIG BUILDING PRODUCTS, INC.

**Current Principal Place of Business:**

555 MARYVILLE UNIVERSITY DR
SUITE 400
ST LOUIS, MO 63141

**Current Mailing Address:**

555 MARYVILLE UNIVERSITY DR
PO BOX 1041
CHESTERFIELD, MO 63006

**FEI Number: 43-0334550**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

*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.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | P, DIRECTOR |
| Name | VRABELY, JON P |
| Address | 555 MARYVILLE UNIVERSITY DR |
| City-State-Zip: | ST. LOUIS MO 63141 |

| | |
|---|---|
| Title | VP |
| Name | ROBINSON, BRIAN |
| Address | 555 MARYVILLE UNIVERSITY DR |
| City-State-Zip: | ST. LOUIS MO 63141 |

| | |
|---|---|
| Title | CFO |
| Name | KEIPP, PHILLIP |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BIGELOW, E. THAYER JR. |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | D |
| Name | EVANS, ROBERT S |
| Address | 100 STAMFORD PL |
| City-State-Zip: | STAMFORD CT 06905 |

| | |
|---|---|
| Title | CONT |
| Name | HAKE, DON |
| Address | 555 MARYVILLE UNIVERSITY DR |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | VP |
| Name | GURLEY, GREG |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FORTE', RICHARD S |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: DON HAKE CONTROLLER 04/21/2014

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | TANNER, DELBERT H |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MATHENEY, J. KEITH |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | GLASS, DONALD L |
| Address | 555 MARYVILLE UNIVERSITY DR<br>SUITE 400 |
| City-State-Zip: | ST LOUIS MO 63141 |