

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR
Name TANNER, DELBERT H
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

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

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

Title SECRETARY
Name KUJAWA, REBECCA
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

Title DIRECTOR
Name LARMON, PATRICK
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

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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: DOUGLAS D LOUCKS**COMPTROLLER****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOAGLAND, GINA
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

Title CFO
Name KEIPP, PHILIP
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

Title VP
Name FURIO, BOB
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141

Title COMPTROLLER
Name LOUCKS, DOUGLAS D
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
City-State-Zip: ST LOUIS MO 63141