

2013 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:**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 D
Name EVANS, ROBERT S
Address 100 STAMFORD PL
City-State-Zip: STAMFORD CT 06905

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

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

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

Title DIRECTOR
Name BIGELOW, E. THAYER JR.
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: DON HAKE**CONTROLLER****04/23/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FORTE', RICHARD S
Address 555 MARYVILLE UNIVERSITY DR
SUITE 400
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 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