



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <u>78282</u>		2. Name of Corporation <u>Duro Last, Inc</u>			
3. Street Address Principal Business Office <u>525 Morley Drive</u>			City <u>Saxinaw</u>		
			State <u>MI</u>		
			Zip <u>48601</u>		
4. Business Phone No. <u>99-753-6486</u>		5. State of Incorporation <u>Michigan</u>			
6. SIC Code <u>2613</u>					
7. Brief Description of the Character of Business Conducted in Rhode Island <u>sale, distribution, inspection and repair of roofing materials if accessories</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Thomas G. Hollingsworth</u>		Vice President Name <u>Sharon L. Sny</u>			
Street Address <u>525 Morley Dr</u>		Street Address <u>525 Morley Dr</u>			
City <u>Saxinaw</u>	State <u>MI</u>	City <u>Saxinaw</u>	State <u>MI</u>		
Zip <u>48601</u>		Zip <u>48601</u>			
Secretary Name <u>Sharon L. Sny</u>		Treasurer Name <u>Sharon L. Sny</u>			
Street Address <u>525 Morley Dr</u>		Street Address <u>525 Morley Dr</u>			
City <u>Saxinaw</u>	State <u>MI</u>	City <u>Saxinaw</u>	State <u>MI</u>		
Zip <u>48601</u>		Zip <u>48601</u>			
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>John C. Burt</u>		Director Name <u>Sharon L. Sny</u>			
Street Address <u>525 Morley Dr</u>		Street Address <u>525 Morley Dr</u>			
City <u>Saxinaw</u>	State <u>MI</u>	City <u>Saxinaw</u>	State <u>MI</u>		
Zip <u>48601</u>		Zip <u>48601</u>			
Director Name <u>Kathy Allen</u>		Director Name <u>Thomas J. Lawler</u>			
Street Address <u>525 Morley Dr</u>		Street Address <u>525 Morley Dr</u>			
City <u>Saxinaw</u>	State <u>MI</u>	City <u>Saxinaw</u>	State <u>MI</u>		
Zip <u>48601</u>		Zip <u>48601</u>			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>50,000</u>	<u>Common</u>	<u>\$1.00</u>	<u>10,000</u>	<u>Common</u>	<u>\$1.00</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
File Date <u>MAR 14 2005</u> <u>155208</u>
Check No. _____
By <u>KB</u>
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Thomas G. Hollingsworth 3/9/05  
Signature of Officer Date  
Thomas Hollingsworth  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 78282		2. Name of Corporation Duro-Last, Inc.			
3. Street Address Principal Business Office 525 Morley Drive			City Saginaw	State MI	Zip 48601
4. Business Phone No. 929-753-6486		5. State of Incorporation MICHIGAN		6. SIC Code 2618	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas G. Hollingsworth			Vice President Name Sharon L. Sny		
Street Address 525 Morley Dr			Street Address 525 Morley Dr		
City Saginaw	State MI	Zip 48601	City Saginaw	State MI	Zip 48601
Secretary Name Sharon L. Sny			Treasurer Name Sharon L. Sny		
Street Address 525 Morley Dr			Street Address 525 Morley Dr		
City Saginaw	State MI	Zip 48601	City Saginaw	State MI	Zip 48601
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John C. Burt			Director Name Sharon L. Sny		
Street Address 525 Morley Dr			Street Address 525 Morley Dr		
City Saginaw	State MI	Zip 48601	City Saginaw	State MI	Zip 48601
Director Name Kathy Allen			Director Name Thomas J Lawler		
Street Address 525 Morley Dr			Street Address 525 Morley Dr		
City Saginaw	State MI	Zip 48601	City Saginaw	State MI	Zip 48601
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000	COMM	\$1.00	10,000	Common	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date 5/13/04  
Check No. 146862  
By: W  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Thomas G. Hollingsworth 5-10-04  
Signature of Officer Date  
THOMAS G. HOLLINGSWORTH  
Print or Type Name of Officer  
PRES  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No. **78282** 2 Name of Corporation **Duro-Last, Inc.**

3 Street Address Principal Business Office **525 Morley Dr** City **Saginaw** State **MI** Zip **48601**  
4 Business Phone No. **989-753-6486** 5 State of Incorporation **MICHIGAN** 6 SIC Code **2618**

7 Brief Description of the Character of Business Conducted in Rhode Island  
**Sales, Distribution, Inspection and Repair of Roofing Materials and Accessories**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) \*FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Thomas G Hollingsworth</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>	Vice President Name <b>Sharon L. Sny</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>
Secretary Name <b>Sharon L. Sny</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>	Treasurer Name <b>Sharon L. Sny</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) \*FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>John C Burt</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>	Director Name <b>Sharon L. Sny</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>
Director Name <b>Kathy Allen</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>	Director Name <b>Thomas J Lawler</b> Street Address <b>525 Morley Dr</b> City <b>Saginaw</b> State <b>MI</b> Zip <b>48601</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**50,000 COMM \$1.00 PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**10,000 Common 1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: **3.28.03**  
Check No. **135377**  
By: **[Signature]**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

**[Signature]** **3/25/03**  
Signature of Officer Date  
**THOMAS J LAWLER**  
Print or Type Name of Officer  
**TH. U. P.**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**  
3. Street Address Principal Business Office **525 MORLEY DRIVE** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No. **989-753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2618**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**SALES, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>THOMAS G HOLLINGSWORTH</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Vice President Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Secretary Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Treasurer Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>JOHN C BURT</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Director Name <b>KATHY ALLEN</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**50,000 COMM \$1.00 PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**10,000 COMMON 1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: 3-11-02  
Check No. 16217  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct  
Signature of Officer [Signature] Date 3-5-02  
Print or Type Name of Officer THOMAS G. HOLLINGSWORTH  
Title of Officer PRESIDENT

**DURO-LAST, INC.  
STATE OF RHODE ISLAND - ANNUAL REPORT - 2002  
EIN - #38-2362839  
CORPORATE ID NO. #78282**

**ADDITIONAL OFFICERS**

**CEO**

**JOHN C. BURT  
525 MORLEY DR.  
SAGINAW, MI 48601**

**VICE PRESIDENT**

**KATHY L. ALLEN  
525 MORLEY DR.  
SAGINAW, MI 48601**

**VICE PRESIDENT**

**THOMAS J. LAWLER  
525 MORLEY DR.  
SAGINAW, MI 48601**

**ADDITIONAL DIRECTORS**

**CONNIE MOELLER  
3503 N. 6TH STREET  
SHEBOYGAN, WI 53083**

**CAROL STUHR  
2625 MUSKEGON  
HARRISON, MI 48625**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**

3. Street Address Principal Business Office **525 MORLEY DRIVE** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No. **(517)753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALES, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>JOHN R BURT</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>	Vice President Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>
Secretary Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>	Treasurer Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>JOHN C BURT</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>	Director Name <b>KATHY L ALLEN</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>
Director Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>	Director Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City State Zip <b>SAGINAW MICHIGAN 48601</b>

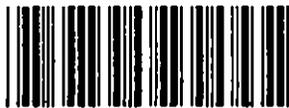
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
50,000	COMMON	1.00

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
10,000	COMMON	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: 3-19-01

Check No. 112632

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date 3-12-01

**THOMAS J. LAWLER**

S. V.P.  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**  
3. Street Address Principal Business Office  
**525 MORLEY DRIVE** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No. **(517)753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2618**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**SALES, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
<b>JOHN R BURT</b>			<b>THOMAS J LAWLER</b>		
Street Address			Street Address		
<b>525 MORLEY DRIVE</b>			<b>525 MORLEY DRIVE</b>		
City	State	Zip	City	State	Zip
<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>	<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>
Secretary Name			Treasurer Name		
<b>SHARON L SNY</b>			<b>SHARON L SNY</b>		
Street Address			Street Address		
<b>525 MORLEY DRIVE</b>			<b>525 MORLEY DRIVE</b>		
City	State	Zip	City	State	Zip
<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>	<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
<b>JOHN C BURT</b>			<b>KATHY L ALLEN</b>		
Street Address			Street Address		
<b>525 MORLEY DRIVE</b>			<b>525 MORLEY DRIVE</b>		
City	State	Zip	City	State	Zip
<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>	<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>
Director Name			Director Name		
<b>THOMAS J LAWLER</b>			<b>SHARON L SNY</b>		
Street Address			Street Address		
<b>525 MORLEY DRIVE</b>			<b>525 MORLEY DRIVE</b>		
City	State	Zip	City	State	Zip
<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>	<b>SAGINAW</b>	<b>MICHIGAN</b>	<b>48601</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>50,000</b>	<b>COMMON</b>	<b>1.00</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>10,000</b>	<b>COMMON</b>	<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: 3/3/00  
Check No: 15067  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X [Signature] Date 2-28-00  
Mitchell Fournier  
Print or Type Name of Officer  
VP Finance  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**  
3. Street Address Principal Business Office **525 MORLEY DRIVE** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No. **(517) 753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2818**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**SALES, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>JOHN R BURT</b> Street Address <b>525 MORLEY DRIVE :</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Vice President Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Secretary Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Treasurer Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>JOHN C BURT</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>KATHY L ALLEN</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Director Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>50,000</b>	<b>COMMON</b>	<b>1.00</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>10,000</b>	<b>COMMON</b>	<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: 03-22-99

Check No.: 88714

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3-15-99  
Signature of Officer Date

Sharon L. Sny  
Print or Type Name of Officer

Sec  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**  
3. Street Address Principal Business Office  
**525 MORLEY DR** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No **(517)753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2618**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**SALES, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <b>JOHN R BURT</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b> Secretary Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Vice President Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b> Treasurer Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
---	--

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <b>JOHN C BURT</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>KATHY L ALLEN</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Director Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DR</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>50,000</b>	<b>COMMON</b>	<b>1.00</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>10,000</b>	<b>COMMON</b>	<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 8 2 8 2 \*

File Date: 3/19  
Check No.: 77084  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] Date 3-9-98  
Signature of Officer  
Thomas J. Lawler  
Print or Type Name of Officer  
SE VP  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **78282** 2. Name of Corporation **Duro-Last, Inc.**  
3. Street Address Principal Business Office **525 MORLEY DRIVE** City **SAGINAW** State **MICHIGAN** Zip **48601**  
4. Business Phone No. **(517) 753-6486** 5. State of Incorporation **MICHIGAN** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**SALE, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS & ACCESSORIES**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name <b>JOHN R BURT</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Vice President Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Secretary Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Treasurer Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>JOHN C BURT</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>KATHY L ALLEN</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>
Director Name <b>THOMAS J LAWLER</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>	Director Name <b>SHARON L SNY</b> Street Address <b>525 MORLEY DRIVE</b> City <b>SAGINAW</b> State <b>MICHIGAN</b> Zip <b>48601</b>

10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
50,000	10,000
COMMON	COMMON
1.00	1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 2/24/97  
Check No.: 65338  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2-14-97  
Print or Type Name of Officer: Sharon L. Sny  
Title of Officer: Sec

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO: 78282  
2. NAME OF CORPORATION: Duro-Last, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 525 MORLEY DR  
CITY: SAGINAW STATE: MICHIGAN ZIP CODE: 48601  
4. BUSINESS PHONE NO: (517) 753-6486  
5. STATE OF INCORPORATION: MICHIGAN  
6. SIC CODE: 2618  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND: SALE, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES

**8. NAMES AND ADDRESSES OF THE OFFICERS**

<b>PRESIDENT NAME</b> JOHN R. BURT	<b>VICE PRESIDENT NAME</b> THOMAS J. LAWLER
<b>STREET ADDRESS</b> 525 MORLEY DR.	<b>STREET ADDRESS</b> 525 MORLEY DR
<b>CITY</b> SAGINAW	<b>CITY</b> SAGINAW
<b>STATE</b> MICHIGAN	<b>STATE</b> MICHIGAN
<b>ZIP CODE</b> 48601	<b>ZIP CODE</b> 48601
<b>SECRETARY NAME</b> SHARON L. SNY	<b>TREASURER NAME</b> SHARON L. SNY
<b>STREET ADDRESS</b> 525 MORLEY DR	<b>STREET ADDRESS</b> 525 MORLEY DR
<b>CITY</b> SAGINAW	<b>CITY</b> SAGINAW
<b>STATE</b> MICHIGAN	<b>STATE</b> MICHIGAN
<b>ZIP CODE</b> 48601	<b>ZIP CODE</b> 48601

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

<b>DIRECTOR NAME</b> JOHN C. BURT	<b>DIRECTOR NAME</b> KATHY L. ALLEN
<b>STREET ADDRESS</b> 525 MORLEY DR	<b>STREET ADDRESS</b> 525 MORLEY DR
<b>CITY</b> SAGINAW	<b>CITY</b> SAGINAW
<b>STATE</b> MICHIGAN	<b>STATE</b> MICHIGAN
<b>ZIP CODE</b> 48601	<b>ZIP CODE</b> 48601
<b>DIRECTOR NAME</b> THOMAS J. LAWLER	<b>DIRECTOR NAME</b> SHARON L. SNY
<b>STREET ADDRESS</b> 525 MORLEY DR	<b>STREET ADDRESS</b> 525 MORLEY DR
<b>CITY</b> SAGINAW	<b>CITY</b> SAGINAW
<b>STATE</b> MICHIGAN	<b>STATE</b> MICHIGAN
<b>ZIP CODE</b> 48601	<b>ZIP CODE</b> 48601

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
50,000	COMMON	1.00	10,000	COMMON	1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:  
Check No: 2/7/96 54633  
By: KID / UP  
For Secretary of State Use Only

Signature of Officer: *Sharon L. Sny*  
Print or Type Name of Officer: Sharon L. Sny  
Title of Officer: Sec.  
Date: 1-26-96



**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

FEB 20 1995

01 124 46703

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0078282

Annual Report for the year: 1995

Name of Corporation: Duro-Last, Inc.

Business entity organized under the laws of the State of: MICHIGAN

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

525 MORLEY DR  
 SAGINAW, MI 48601

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (517) 753-6486

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

SALE, DISTRIBUTION, INSPECTION AND REPAIR OF ROOFING MATERIALS AND ACCESSORIES.

NONE

Phone: ( )

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SEE ATTACHED LIST			
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
SEE ATTACHED LIST			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
50,000	COMMON

Number of Shares	Class / Series
10,000	COMMON

Date 2-16 1995

By: Sharon L. Sny  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING

Form 3: 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CT CORPORATION SYSTEM  
 123 DYER STREET  
 PROVIDENCE RI 02905

DURO-LAST, INC  
#38-2362839

OFFICERS

PRESIDENT	JOHN R. BURT 525 MORLEY DR. SAGINAW, MI 48601	369-18-1221
VICE-PRES SECY/TREAS	SHARON L. SNY 525 MORLEY DR. SAGINAW, MI 48601	383-44-4235
VICE PRES	KATHY L. ALLEN 525 MORLEY DR. SAGINAW, MI 48601	365-62-0420
VICE PRES	JOHN C. BURT 525 MORLEY DR. SAGINAW, MI 48601	363-64-4395
VICE PRES	THOMAS J. LAWLER 525 MORLEY DR. SAGINAW, MI 48601	369-54-3182

DURO-LAST, INC  
#38-2362839

DIRECTORS

369-18-1221	JOHN R. BURT 525 MORLEY DR. SAGINAW, MI 48601
383-44-4235	SHARON L. SNY 525 MORLEY DR. SAGINAW, MI 48601
365-62-0420	KATHY L. ALLEN 525 MORLEY DR. SAGINAW, MI 48601
363-64-4395	JOHN C. BURT 525 MORLEY DR. SAGINAW, MI 48601
369-54-3182	THOMAS J. LAWLER 525 MORLEY DR. SAGINAW, MI 48601