
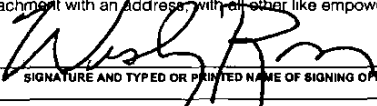


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 12, 2007 8:00 am**  
**Secretary of State**

07-12-2007 90058 007 \*\*\*158.75

DOCUMENT # F0500000154			
1. Entity Name INDALEX INC.			
Principal Place of Business 75 TRI-STATE INTERNATIONAL SUITE 450 LINCOLNSHIRE, IL 60069		Mailing Address 75 TRI-STATE INTERNATIONAL SUITE 450 LINCOLNSHIRE, IL 60069	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 706 South State St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Girard, OH	
Zip		Zip 44420	
Country		Country USA	
6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD. 515 EAST PARK AVE. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALGER, MICHAEL E 75 TRI-STATE INTERNATIONAL LINCOLNSHIRE, IL 60069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S/T MICHAEL E. Alger 75 Tri-state international Lincolnshire, IL 60069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LACKIE, ROBERT B 10931 LAURCATE DRIVE SAN ANTONIO, TX 78249 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P Timothy R. J. Stubbs 75 Tri-state international Lincolnshire, IL 60069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STUBBS, TIMOTHY R 75 TRI-STATE INTERNATIONAL LINCOLNSHIRE, IL 60069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/OFFICER/ASST. SECRETARY Wesley D. Ross 706 South State St Girard, OH 44420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIMMONS, PAT M 2 CORPORATE DRIVE, #210 TRUMBULL, CT 06611 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: 		Wesley D. Ross 7/10/07 (330) 545-7344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	