

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90188 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 819659

1. Corporation Name
UNITED STATES GYPSUM COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 125 SOUTH FRANKLIN ST CHICAGO IL 60606	Mailing Address 125 SOUTH FRANKLIN ST CHICAGO IL 60606
--	--

3. Date Incorporated or Qualified 06/28/1966	
4. FEI Number 36-1898410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	PCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRYAN, P. JACK	1.2 NAME	Edward M. Bosowski
STREET ADDRESS	125 S. FRANKLIN ST.	1.3 STREET ADDRESS	125 S. Franklin St.
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, IL 60606-4679
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALONE, JOHN E.	2.2 NAME	D. Rick Lowes
STREET ADDRESS	125 S. FRANKLIN ST.	2.3 STREET ADDRESS	125 S. Franklin St.
CITY-ST-ZIP	CHICAGO IL 60606-4678	2.4 CITY-ST-ZIP	Chicago, IL 60606-4679
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOOSSEN, DEAN H.	3.2 NAME	
STREET ADDRESS	125 S. FRANKLIN ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELZ, RAYMOND T.	4.2 NAME	
STREET ADDRESS	125 S. FRANKLIN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLEMING, RICHARD H.	5.2 NAME	Ralph J. Kelsey
STREET ADDRESS	125 S. FRANKLIN ST.	5.3 STREET ADDRESS	125 S. Franklin St.
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL 60606-4679
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEMING, RICHARD H	6.2 NAME	
STREET ADDRESS	125 S FRANKLIN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO FK 60606	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED** 4/26/99 312-606-3927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)