


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000002892
 1. Entity Name
CARMEUSE LIME SALES CORPORATION



Principal Place of Business
 11 STANWIX ST
 PITTSBURGH, PA 15222

Mailing Address
 11 STANWIX ST
 PITTSBURGH, PA 15222



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 34-1053721

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PK DR STE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution... **\$5.00** May Be Added to Fees

U00000806352
 01/30/07-80076-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BUCK, THOMAS A 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCK, THOMAS A 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD JOHNSON, PHILIP 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROUTHIEAUX, BRUCE 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAHLER, JACK 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO WORMS, PATRICK 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222

DO NOT WRITE IN THIS SPACE

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: *Michael J. Collingwood* **Michael J. Collingwood** Asst Sec (412) 995-4966
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #