


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # F06000002892</b> 1. Entity Name <b>CARMEUSE LIME SALES CORPORATION</b>	
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Principal Place of Business <b>11 STANWIX ST PITTSBURGH, PA 15222</b>	Mailing Address <b>11 STANWIX ST PITTSBURGH, PA 15222</b>
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01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>34-1053721</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PK DR STE 4 WESTON, FL 33331</b>
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**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

**U000000806352  
01/30/07-80076-001 150.00**

<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO BUCK, THOMAS A 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BUCK, THOMAS A 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVD JOHNSON, PHILIP 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV ROUTHIEAUX, BRUCE 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V FAHLER, JACK 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CIO WORMS, PATRICK 11 STANWIX ST 11TH FL PITTSBURGH, PA 15222</b>

**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** **1/22/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #