

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004662 (3)

1. Corporation Name

GS ROOFING PRODUCTS CO., INC.



Principal Place of Business

Mailing Address

ATTN: CUSTOMER/VENDOR ACCOUNTING
POST OFFICE BOX 152065
IRVING TX 75015-2065

ATTN: CUSTOMER/VENDOR ACCOUNTING
POST OFFICE BOX 152065
IRVING TX 75015-2065

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

25

29

30

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

03/29/1995

4. FEI Number

22-2039265

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 193.032 Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature (typed or printed name of registered agent and fee, if applicable)

(Name of Registered Agent signature, required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PC
NAME: SMITH, DONALD F
STREET ADDRESS: 5525 MACARTHUR BLVD, SUITE 900
CITY- ST- ZIP: IRVING TX 75038

11 TITLE: Change Addition
12 NAME: Change Addition
13 STREET ADDRESS: Change Addition
14 CITY- ST- ZIP: Change Addition

TITLE: VST
NAME: NESSELROADE, EDWARD T
STREET ADDRESS: 5525 MACARTHUR BLVD, SUITE 900
CITY- ST- ZIP: IRVING TX 75038

21 TITLE: VD Change Addition
22 NAME: Change Addition
23 STREET ADDRESS: Change Addition
24 CITY- ST- ZIP: Change Addition

TITLE: VC
NAME: NESSELROADE, EDWARD T
STREET ADDRESS: 5525 MACARTHUR BLVD, SUITE 900
CITY- ST- ZIP: IRVING TX 75038

31 TITLE: VD Change Addition
32 NAME: STONE, J. MICHAEL
33 STREET ADDRESS: 5525 N. MACARTHUR BLVD, SUITE 900
34 CITY- ST- ZIP: IRVING, TX. 75038

TITLE: D
NAME: MOORE, TIMOTHY G
STREET ADDRESS: 5525 MACARTHUR BLVD, SUITE 900
CITY- ST- ZIP: IRVING TX 75038

41 TITLE: VD Change Addition
42 NAME: Change Addition
43 STREET ADDRESS: Change Addition
44 CITY- ST- ZIP: Change Addition

TITLE: D
NAME: WILCOX, STEPHEN E.
STREET ADDRESS: 5525 MACARTHUR BLVD, SUITE 900
CITY- ST- ZIP: IRVING TX

51 TITLE: VD Change Addition
52 NAME: GROSS THOMAS V.
53 STREET ADDRESS: 5525 N. MACARTHUR BLVD, SUITE 900
54 CITY- ST- ZIP: IRVING, TX 75038

TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY- ST- ZIP: DELETE

61 TITLE: VTS Change Addition
62 NAME: KEGLEY JERRY L
63 STREET ADDRESS: 5525 N. MACARTHUR BLVD SUITE 900
64 CITY- ST- ZIP: IRVING, TX 75038

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jerry L. KEGLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY L. KEGLEY

6/10/96

614 580-5600

CR2E034 (3/96)