

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 21 1997 8:00am
Secretary of State

DOCUMENT # F93000004662 (3)

1. Corporation Name

GS ROOFING PRODUCTS CO., INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/15/1993

3a. Date of Last Report

06/20/1996

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. 199.032,
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD F	
STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NESSELROADE, EDWARD T	
STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STONE, J. MICHAEL	
STREET ADDRESS	5525 N. MACARTHUR BLVD., STE. 900	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, TIMOTHY G	
STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900	
CITY-ST-ZIP	IRVING TX	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROSS, THOMAS V.	
STREET ADDRESS	5525 N. MACARTHUR BLVD., STE. 900	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	KEGLEY, JERRY L	
STREET ADDRESS	5525 N. MACARTHUR BLVD., STE 900	
CITY-ST-ZIP	IRVING FL 75038	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0484271

CR2E034 (9/96)