

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 10/15/1993	
4. FEI Number 22-2039265	Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, DONALD F		1.2 NAME	
STREET ADDRESS 5525 MACARTHUR BLVD, SUITE 900		1.3 STREET ADDRESS	
CITY-ST-ZIP IRVING TX 75038		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NESSELROADE, EDWARD T		2.2 NAME	
STREET ADDRESS 5525 MACARTHUR BLVD, SUITE 900		2.3 STREET ADDRESS	D NESSELROADE, EDWARD T 5525 MACARTHUR BLVD, SUITE 900 IRVING TX 75038
CITY-ST-ZIP IRVING TX		2.4 CITY-ST-ZIP	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STONE, J. MICHAEL		3.2 NAME	
STREET ADDRESS 5525 N. MACARTHUR BLVD., STE. 900		3.3 STREET ADDRESS	
CITY-ST-ZIP IRVING TX		3.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORE, TIMOTHY G		4.2 NAME	
STREET ADDRESS 5525 MACARTHUR BLVD, SUITE 900		4.3 STREET ADDRESS	
CITY-ST-ZIP IRVING TX		4.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSS, THOMAS V.		5.2 NAME	V GROSS, THOMAS V.
STREET ADDRESS 5525 N. MACARTHUR BLVD., STE. 900		5.3 STREET ADDRESS	5525 N. MACARTHUR BLVD. STE. 900
CITY-ST-ZIP IRVING TX 75038		5.4 CITY-ST-ZIP	IRVING, TX 75038
TITLE VTS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KEGLEY, JERRY L		6.2 NAME	
STREET ADDRESS 5525 N. MACARTHUR BLVD., STE 900		6.3 STREET ADDRESS	
CITY-ST-ZIP IRVING FL 75038		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 on an attachment with an address.

SIGNATURE: *[Handwritten Signature]* **6/23/98 979/100 5730**

CRE034 (10/97)