

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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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	V	<input type="checkbox"/> DELETE
NAME	STONE, J. MICHAEL	
STREET ADDRESS	5525 N. MACARTHUR BLVD., STE. 900	
CITY-ST-ZIP	IRVING TX	
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	D NESSELROADE, EDWARD T
2.3 STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900
2.4 CITY-ST-ZIP	IRVING TX 75038
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V GROSS, THOMAS V.
5.3 STREET ADDRESS	5525 N. MACARTHUR BLVD. STE. 900
5.4 CITY-ST-ZIP	IRVING, TX 75038
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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]* *[Handwritten Signature]* 01/23/08 970/100 5730

CRE034 (10/97)