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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000004662**

1. Corporation Name  
**GS ROOFING PRODUCTS CO., INC.**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **10/15/1993**  
 4. FEI Number: **22-2039265**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields for Suite, City, State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<del>PC</del>	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD F	
STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	NESSELHOE, EDWARD T	
STREET ADDRESS	5525 MACARTHUR BLVD, SUITE 900	
CITY-ST-ZIP	IRVING TX 75038	
TITLE	V	<input checked="" 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	V	<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	<del>CEO PC</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<del>Director D</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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	<del>Vice President V D</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<del>Vice President V</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<del>CEO &amp; Vice President VTS</del>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	IRVING TX 75038	

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, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry L. Kegley 2/12/99 972/580-5630  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)