

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

**DOCUMENT # F94000000759 (0)**

1. Corporation Name  
**BUILDING MATERIALS CORPORATION OF AMERICA**



Principal Place of Business Mailing Address  
**1361 ALPS RD.  
WAYNE NJ 07470  
US**

3. Date Incorporated or Qualified **02/16/1994** 3a. Date of Last Report **07/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>22-3276290</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24. Country	29. Country	30.		

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCED</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SERGEY, JOHN M</b>	1.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUCKSTEIN, MARK A</b>	2.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGERS, JAMES P.</b>	3.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HEYMAN, SAMUEL J.</b>	4.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUMAR, SUNIL</b>	5.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VPT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRESTO, MARK A.</b>	6.2 NAME	
STREET ADDRESS	<b>1361 ALPS RD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYNE NJ</b>	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: **Mark A. Buckstein, Exec. VP & Sec.** 1/16/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)