

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007110

FILED
May 01, 2006
Secretary of State

Entity Name: OLDCASTLE PRECAST, INC.

Current Principal Place of Business:

2140 PONDELLA ROAD
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

2820
AUBURN, WA 98002 US

Current Mailing Address:

375 NORTHRIDGE ROAD
SUITE 350
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 91-0782138 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SCHACK, JAMES B
Address: 2820 A STREET
City-St-Zip: AUBURN, WA 98002

Title: S/T () Delete
Name: QUINN, ROBERT D
Address: 2820 A STREET
City-St-Zip: AUBURN, WA 98002

Title: AS () Delete
Name: FARINHA, ERIC
Address: 4727 NORTH ROYAL ATLANTA DRIVE, SUITE A
City-St-Zip: TUCKER, GA 30084

Title: D () Delete
Name: MCCULLOUGH, JOSEPH
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS () Delete
Name: HICKMAN, GARY P
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: AS/D () Delete
Name: O'DRISCOLL, MICHAEL G
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY P. HICKMAN

AS

05/01/2006

Electronic Signature of Signing Officer or Director

Date