File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE LIMITED LIABILITY, COMPANY ANNUAL REPORT 1998 FILING FEE | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address
of Limited Liability Company DOCUMENT # 1a. Principal Place of Business Address Alpha/Owens-Corning, L.L.C. 950 Highway 57 East 950 Highway 57 East Collierville, Tennessee 38017 Collierville, Tennessee 38017 3a. State of Formation 3. Date Organized or Qualified 2. Principal Place of Business 2a. Mailing Address September 28, 199 same Del. same Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 62-1576207 Not Applicable 6. Certificate of Status Desired 5. Date of Last Report Country Country Zip SB 75 Additional Fee Required 1996 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office N/A Street Address (P.O. Box Number is Not Acceptable) CT Corporation System 1200 South Pine Island Road 70000247407 Suite, Apt. #, etc. Plantation Florida 33324 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. JUNNIE BRYAN SPECIAL ASSISTANT SECRETARY 3/24/98 SIGNATURE City, State and Zip Code Managing Members/Managers **Business Street Address** 10. Title 175 Commerce Road, 2nd Floor Collierville, TN 38017 Mgr. The Alpha Corporation of Mem. Tennessee 0002474077--03/31/98--01099--002 ****877.50 ****877.50 Frederick S. Norman 950 Highway 57 East Collierville, TN 38017 Manager REINSTATEMENT 19197 11. Ido 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

Frederick S. 7 bruns

<u>March 25, 1998</u>

URL AND TYPE DORFPRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Frederick S. PNorman