FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90216 021 ***150.00

DOCUMENT # P10813

1. Corporation Name

CONTECH CONSTRUCTION PRODUCTS INC.

Principal Place of Business	Mailing Address
1001 GROVE ST. MIDDLETOWN OH 45044	1001 GROVE ST. MIDDLETOWN OH 45044

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
07/17/1986

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	**31-1177165**	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.		**$8.75** Additional
22	27	5. Certifcate of Status Desired ☐	Fee Required

City & State	City & State	6. Election Campaign Financing ☐	**$5.00** May Be
23	28	Trust Fund Contribution	Added to Fees

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25	29	30	Personal Property Tax. ☐ Yes ☒ No

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

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	**OFFICERS AND DIRECTORS**		**13.**		**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**	
TITLE	CD	☒ DELETE	1.1 TITLE	P	☐ Change	☒ Addition
NAME	GAGE, G. ROBERT		1.2 NAME	Patrick M. Harlow		
STREET ADDRESS	1001 GROVE ST.		1.3 STREET ADDRESS	1001 Grove St.		
CITY-ST-ZIP	MIDDLETOWN OH		1.4 CITY-ST-ZIP	Middletown OH 45044		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	FORTENER, C L		2.2 NAME			
STREET ADDRESS	1001 GROVE ST		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH 45044		2.4 CITY-ST-ZIP			
TITLE	PD	☐ DELETE	3.1 TITLE	CD	☒ Change	☐ Addition
NAME	HENDERSON, DONALD E.		3.2 NAME			
STREET ADDRESS	1001 GROVE ST.		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH		3.4 CITY-ST-ZIP			
TITLE	VT	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME	MOYLE, J H		4.2 NAME			
STREET ADDRESS	1001 GROVE ST		4.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH 45047		4.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME	MCCORMICK, M H		5.2 NAME			
STREET ADDRESS	1001 GROVE ST.		5.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH 45044		5.4 CITY-ST-ZIP			
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME	MILLER, FRANK		6.2 NAME			
STREET ADDRESS	1001 GROVE STREET		6.3 STREET ADDRESS			
CITY-ST-ZIP	MIDDLETOWN OH		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, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____   4/28/99   (513) 425-2997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #