

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90120 001 \*\*\*300.00

0679070

**DOCUMENT # P11204**

1. Entity Name  
**BUILDERS FIRSTSOURCE-BUILDERWAY REALTY, INC.**

Principal Place of Business

Mailing Address

2451 HWY 501 E  
 SUITE 104  
 CONWAY SC 29526  
 US

P O BOX 29  
 P.O. DRAWER 27107  
 CONWAY SC 29528  
 US

**35928**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **57-0643176**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PHILLIPS, M B	
STREET ADDRESS	2451 HWY 501 E	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	VT	<input type="checkbox"/> Delete
NAME	OMERA, KEVIN P	
STREET ADDRESS	200 ROSS AVENUE SUITE 4900 WEST	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	MCALLENAN, DONALD F	
STREET ADDRESS	2200 ROSS AVENUE SUITE 4900 WEST	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	<input type="checkbox"/> Delete
NAME	LEETE TOM, T	
STREET ADDRESS	2451 HWY SUITE E	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	V	<input type="checkbox"/> Delete
NAME	GUNN, JOHN	
STREET ADDRESS	2451 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	V	<input type="checkbox"/> Delete
NAME	GIFFORD, SHAW	
STREET ADDRESS	2451 HWY 501 EAST	
CITY-ST-ZIP	CONWAY SC 29526	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Morris Tolley	
STREET ADDRESS	2451 Hwy 501 E	
CITY-ST-ZIP	CONWAY, SC 29526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Morris E Tolley  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01 (843) 347-4235  
 Date Daytime Phone #

CR2E034 (10/00)