

# 2001 UNIFORM BUSINESS REPORT (UBR)

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

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

0579069

**DOCUMENT # P19783**

1. Entity Name

**BUILDERS FIRSTSOURCE-BUILDERWAY, INC.**

Principal Place of Business

2451 HWY 501 E  
 SUITE 104  
 CONWAY SC 29526  
 US

Mailing Address

P O BOX 29  
 CONWAY SC 29528  
 US

35929

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**57-0754549**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	PHILLIPS, M B	2451 HWY 501 E	CONWAY SC 29526	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	Morris Tolley	2451 Hwy 501 E	Conway, SC 29526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VT	Kevin P. O'mera	200 Ross Avenue Suite 4900 West	Dallas, Tx 75201	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Donald F McALEENAN	2200 Ross Avenue Suite 4900 West	Dallas, Tx 75201	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Tom T. Leece	2451 Hwy 501 E	Conway, SC 29526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	John Gunn	2451 Hwy 501 E	Conway, SC 29526	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Clifford Shaw	2451 Hwy 501 E	Conway SC 29526	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Morris E Tolley*

3/30/01

Date

(843) 347-4235

Daytime Phone #

CR2E034 (10/00)