FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 10: 40

DOCUMENT # P39444 (5)

1. Corporation Name
OLYMPIA TILE (USA), INC.

Principal Place of Business
2443 E. MEADO BLVD.
TAMPA FL 33619
US

Mailing Address
701 BERKSHIRE LANE N.
PLYMOUTH MN 55441
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

3. Date Incorporated or Qualified: 06/29/1992
3a. Date of Last Report: 02/04/1994
4. FEI Number: 91-1116624 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	REICHMANN, RALPH
STREET ADDRESS	1000 LAWRENCE AVE. WEST
CITY-ST-ZIP	TORONTO, ONT.,CANADA
TITLE	~~VSD~~
NAME	~~HAMMONS, JEANNE~~
STREET ADDRESS	~~EAST 6900 ALKI~~
CITY-ST-ZIP	~~SPOKANE WA~~
TITLE	TD
NAME	BEAUPRE, TIMOTHY
STREET ADDRESS	701 BERKSHIRE LANE N.
CITY-ST-ZIP	PLYMOUTH MN
TITLE	~~VD~~
NAME	~~COSKY, TOM~~
STREET ADDRESS	~~2443 E. MEADOW BOULEVARD.~~
CITY-ST-ZIP	~~TAMPA FL~~
TITLE	D
NAME	GESTETNER, LEWIS
STREET ADDRESS	1000 LAWRENCE AVE. WEST
CITY-ST-ZIP	TORONTO, ONT.,CANADA
TITLE	D
NAME	GOLDWATER, JEFFREY
STREET ADDRESS	1000 LAWRENCE AVE. N.
CITY-ST-ZIP	TORONTO ON

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	TERNER, MARC	
1.3 STREET ADDRESS	1000 LAWRENCE AVE. WEST	
1.4 CITY-ST-ZIP	TORONTO, ONT., CANADA	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	BENNETT, WM. SCOTT	
2.3 STREET ADDRESS	2443 E. MEADOW BLVD	
2.4 CITY-ST-ZIP	TAMPA, FL 33619	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Timothy J. Beaupre 1/10/95 612-545-5455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407493 FF