

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P04219 (2)

1. Corporation Name

ARDEX, INC.



Principal Place of Business

1155 STOOPS FERRY RD
CORAOPOLIS PA 15108-9629
US

Mailing Address

1155 STOOPS FERRY RD
CORAOPOLIS PA 15108-9629
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
12/03/1984

3a. Date of Last Report
08/17/1995

4. FEI Number

25-1338456

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

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

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

(NOTE: Registered Agent Signature required when filing for the first time)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUNDLACH, DIETR	
STREET ADDRESS	POSTFACH 6120 D.5810	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GOLLER, HERBERT	
STREET ADDRESS	630 STOOPS FERRY ROAD	
CITY-ST-ZIP	CORAOPOLIS PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	NEVIN, HUGH	
STREET ADDRESS	600 GRANT ST., 5TH FLOOR	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LORI, DIETSCH ANGELO	
STREET ADDRESS	630 STOOPS FERRY RD	
CITY-ST-ZIP	CORAOPOLIS P	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DAMM, DR. KLAUS	
STREET ADDRESS	FRIEDRICH-EBERT-STR.45	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALK, REINHARD	
STREET ADDRESS	FRIEDRICH-EBERT-STR. 45	
CITY-ST-ZIP	WITTEN, GERMANY	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D
BILLECKE, JORJEN
FRIEDRICH-EBERT ST. 45
WITTEN, GERMANY

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:

Lori P. Angelo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LORI P. ANGELO

3/21/96

412-264-4240

Date

Daytime Phone #

CR2E034 (12/95)