

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

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 15108-9920
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

22 City & State

27 City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/03/1984

3a. Date of Last Report
03/26/1996

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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 type="checkbox"/> DELETE
NAME	BILLECKE, JOAHEN	
STREET ADDRESS	FRIEDRICH-EBERT-STR.45	
CITY-ST-ZIP	WITTEN, W. GERMANY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BALL, REINHARD	
STREET ADDRESS	FRIEDRICH-EBERT ST 45	
CITY-ST-ZIP	WITTEN GE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1155 STOOPS FERRY RD
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ANGELD, LORI PIETSCH
4.3 STREET ADDRESS	1155 STOOPS FERRY RD
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97

412-264-4240

Date

Daytime Phone #

CR2E034 (9/96)