

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 839371 (2)

1. Corporation Name
DEKALB CONCRETE PRODUCTS, INC.

Principal Place of Business

**2301 DUPONT DRIVE
100
IRVINE CA 92715
US**

Mailing Address

**13620 LINCOLN WAY
380
AUBURN CA 95603-3261
US**



FILED
May 13 1997 8:00am
Secretary of State

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country
92612

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
10/25/1977

3a. Date of Last Report
04/23/1996

4. FEI Number

58-1163998

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

**CT CORPORATION SYSTEM
1200 S. 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

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 ☐ DELETE

NAME **C FABIAN, RICHARD G.**
STREET ADDRESS **13620 LINCOLN WAY, STE. 380**
CITY-ST-ZIP **AUBURN CA**

TITLE ☐ DELETE

NAME **DP WEST, GEORGE S.**
STREET ADDRESS **2301 DUPONT DRIVE, SUITE 100**
CITY-ST-ZIP **IRVINE CA**

TITLE ☐ DELETE

NAME **DV HAHNE, WALTER B.**
STREET ADDRESS **2301 DUPONT DRIVE, SUITE 100**
CITY-ST-ZIP **IRVINE CA**

TITLE ☐ DELETE

NAME **VPTS STOCKBRIDGE, KARL M.**
STREET ADDRESS **13620 LINCOLN WAY, SUITE 380**
CITY-ST-ZIP **AUBURN CA**

TITLE ☒ DELETE

NAME **C SPENCER, KENNETH A.**
STREET ADDRESS **2301 DUPONT DRIVE, SUITE 100**
CITY-ST-ZIP **IRVINE CA**

TITLE ☐ DELETE

NAME **VP BARNES, JOSEPH U.**
STREET ADDRESS **2301 DUPONT DRIVE, SUITE 100**
CITY-ST-ZIP **IRVINE CA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, in an attachment with an address.

SIGNATURE: *[Signature]* REQUIRED

17 Jan 1997 91-823-8100

CR2E034 (9/96)