

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/03/1984

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	25-1338456	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Yes No

9. Name and Address of Current Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	Change Addition
NAME	GUNDLACH, DIETR	1.2 NAME	
STREET ADDRESS	POSTFACH 6120 D.5810	1.3 STREET ADDRESS	
CITY-ST-ZIP	WITTEN, W. GERMANY	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	Change Addition
NAME	GOLLER, HERBERT	2.2 NAME	
STREET ADDRESS	1155 STOOPS FERRY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS PA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	Change Addition
NAME	NEVIN, HUGH	3.2 NAME	
STREET ADDRESS	600 GRANT ST., 5TH FLOOR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	Change Addition
NAME	ANGELO, LORI PIETSCH	4.2 NAME	
STREET ADDRESS	1155 STOOPS FERRY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAOPOLIS P	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	Change Addition
NAME	BILLECKE, JOAHEN	5.2 NAME	
STREET ADDRESS	FRIEDRICH-EBERT-STR.45	5.3 STREET ADDRESS	
CITY-ST-ZIP	WITTEN, W. GERMANY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	Change Addition
NAME	BALL, REINHARD	6.2 NAME	
STREET ADDRESS	FRIEDRICH-EBERT ST 45	6.3 STREET ADDRESS	
CITY-ST-ZIP	WITTEN GE	6.4 CITY-ST-ZIP	

14. 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 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.

CR2E034 (10/97)