2002 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P28388 1. Entity Name 02 MAY 20 PM 3: 39 Holcim (US) Inc SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 6211 N. ANN ARBOR RD. 6211 N. ANN ARBOR RD. P.O. BOX 122 P.O. BOX 122 DUNDEE MI 48131 DUNDEE MI 48131 2. Principal Place of Business. 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05/14/02-90272-041 \$150.00 City & State City & State Applied For 38-2943735 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TOLE (9/01) ☐ Change ☐ Addition Kent D. NAME AMSTUTZ, MAX D. NAME PO BOX 122 STREET ADDRESS P.O. BOX 122 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DUNDEE MI 48131 under MI Detete TITLE TITLE NAME YHOUSE, PAUL NAME STREET ADDRESS STREET ADDRESS P.O. BOX 122 CITY-ST-ZIP CITY-ST-ZIP 1 **DUNDEE MI 48131-**□ Delete **VPS** TITLE ☐ Channe ☐ Addition NAME MOIR, ROBERT J. NAME STREET ADDRESS STREET ADDRESS P.O. BOX 122 CITY-ST-ZIP CITY-ST-ZIP DUNDEE MI 48131 TITL F Delete TITLE ☐ Change Addition NAME KENNEDY, JOHN R NAME STREET ADDRESS P.O. BOX 122 STREET ADDRESS CITY-ST-7IP CiTY-ST-ZIP DUNDEE MI 48131 TITLE Delete CD TITLE Theophil Schlatter ☐ Change Addition NAME **BYLAND, PETER** NAME Zurcherstrasse 170 STREET ADDRESS **ZURCHERSTRASSE 170** STREET ADDRESS CITY-ST-ZIP bons, Switzerland Director JONA, SWITZERLAND CITY-ST-ZIP TITLE D ☐ Delete TITLE ☐ Addition NAME SCHRAFL, ANTON E. NAME STREET ADDRESS TALSTRASSE 83 STREET ADORESS CITY-ST-ZIP ZURICH, SWITZERLAND CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: