

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000016

**Entity Name:** VCNA PRESTIGE CONCRETE PRODUCTS, INC.

**Current Principal Place of Business:**

8529 SOUTH PARK CIRCLE, SUITE 320  
ORLANDO, FL 32819

**Current Mailing Address:**

8529 SOUTH PARK CIRCLE, SUITE 320  
ORLANDO, FL 32819

**FEI Number:** 45-0573778

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CFOT  
Name WOLFF, NORMAN  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title D  
Name OLSEN, RICHARD  
Address 7601 WEST 79TH STREET  
City-State-Zip: BRIDGEVIEW IL 60455

Title D  
Name FALLON, MARTIN  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title D  
Name ROOK, CHESTER A.  
Address 55 INDUSTRIAL STREET  
City-State-Zip: TORONTO ON M4G 3W9

Title P  
Name MUNRO, JAMES  
Address 8529 SOUTH PARK CIRCLE, SUITE 320  
City-State-Zip: ORLANDO FL 32819

Title AS  
Name STRAW, ANN  
Address 7601 W. 79TH STREET  
City-State-Zip: BRIDGEVIEW IL 60455

Title S  
Name MALICKI, JOLANTA  
Address 55 INDUSTRIAL STREET  
City-State-Zip: TORONTO ON M4G 3W9

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANN STRAW

**ASSISTANT SECRETARY** 01/04/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date