

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.**Current Principal Place of Business:**1002 15TH STREET SW
SUITE 110
AUBURN, WA 98001**Current Mailing Address:**1002 15TH STREET SW
SUITE 110
AUBURN, WA 98001 US**FEI Number:** 91-0782138**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	PRESIDENT, DIRECTOR
Name	STEEVENS, DAVID
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	SECRETARY, DIRECTOR
Name	QUINN, ROBERT D
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	ASST. SECRETARY
Name	HICKMAN, GARY P
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	DIRECTOR
Name	HAAS, KEITH A.
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	DIRECTOR, ASST. SECRETARY
Name	O'DRISCOLL, MICHAEL G.
Address	900 ASHWOOD PKWY, STE 600
City-State-Zip:	ATLANTA GA 30338

Title	CFO
Name	FARINHA, ERIC
Address	1002 15TH STREET SW SUITE 110
City-State-Zip:	AUBURN WA 98001

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: GARY P HICKMAN**ASSISTANT SECRETARY** 04/23/2013_____
Electronic Signature of Signing Officer/Director Detail_____
Date