

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

FILED  
May 05 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 406052</b> 1. Corporation Name <b>LAFARGE FLORIDA INC.</b>			
Principal Place of Business P.O. BOX 4600 RESTON, VA. 20195-1415		Mailing Address P.O. BOX 4600 RESTON, VA. 20195-1415	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 8/1/72		4. FEI Number 59-1407640	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORP. SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC <input type="checkbox"/> DELETE GAGE, DUNCAN 11130 SUNRISE VALLEY DR. RESTON, VA. 20191-4393	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <input type="checkbox"/> DELETE ERIC SUNDQUIST 11130 SUNRISE VALLEY DR. RESTON, VA. 20191-4393	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS <input type="checkbox"/> DELETE DAVID C. JONES 11130 SUNRISE VALLEY DR. RESTON, VA. 20191-4393	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <input type="checkbox"/> DELETE KEVIN C. GRANT 11130 SUNRISE VALLEY DR. RESTON, VA. 20191-4393	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AST <input type="checkbox"/> DELETE JAMES E. ELLIOTT 11130 SUNRISE VALLEY DR. RESTON, VA. 20191-4393	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	300002510943 -05/05/98-01075-019 ***150.00
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.			
SIGNATURE: <i>Sandra B. Mortham</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4-21-98 703-264-3600 Date Daytime Phone #	

CR2E034 (10/97)

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REVISED 06/19/97  
effective 06/10/97

**LAFARGE FLORIDA INC.**  
**(Florida)**  
**f/k/a NATIONAL PORTLAND CEMENT COMPANY**

**DIRECTORS:**

Duncan Gage  
Eric Sundquist  
Jerry Jensen

**OFFICERS:**

Chairman of the Board	Duncan Gage
President	Eric Sundquist
Vice President & Secretary	David C. Jones
Treasurer	Kevin C. Grant
Assistant Secretary	Jerry Jensen
Assistant Secretary	Sharon C. Casey
Assistant Secretary & Assistant Treasurer	James E. Elliott III

*All may be addressed:*

**Lafarge Corporation**  
**11130 Sunrise Valley, Suite 300**  
**Reston, VA 20191-4393**