FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:09

DOCUMENT # **816146** **(5)**

1. Corporation Name
LONE STAR BUILDING CENTERS (EASTERN) INC.

Principal Place of Business	Mailing Address
300 FIRST STAMFORD PLACE P. O.BOX 120014 STAMFORD CT 06902-6733	300 FIRST STAMFORD PLACE P. O.BOX 120014 STAMFORD CT 06902-6733

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/12/1962**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)

2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-6019555** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, if typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, W. E.	12 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	13 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	14 CITY-ST-ZIP	
TITLE	CP	21 TITLE	☐ Change ☐ Addition
NAME	TROUTMAN, W. M.	22 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	23 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, J S	32 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	33 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	34 CITY-ST-ZIP	
TITLE	DVS	41 TITLE	☐ Change ☐ Addition
NAME	BLANKMEYER, K.V.	42 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	43 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	MARTIN, J.J.	52 NAME	
STREET ADDRESS	300 FIRST STAMFORD PLACE	53 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ **W. J. Case** **Vice President** FEB 23 '95
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0484040 FN