

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **827486**  
1. Corporation Name  
**LONE STAR INDUSTRIES, INC.**

(2)

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

Mailing Address  
**300 FIRST STAMFORD PLACE  
P. O. BOX 120014  
STAMFORD CT 06902-6733**

FILED  
Jan 26 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>02/16/1972</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>13-0982660</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b>	
				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>FL</b>	<b>85</b> 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALLACE, D. W.</b>	1.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, W. E.</b>	2.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TROUTMAN, W. M.</b>	3.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGHAM, J.W.</b>	4.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACON, J.E.</b>	5.2 NAME	
STREET ADDRESS	<b>114 WEST 47TH STREET 6TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASO, W.J.</b>	6.2 NAME	
STREET ADDRESS	<b>300 FIRST STAMFORD PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>STAMFORD CT</b>	6.4 CITY-ST-ZIP	

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: *W. J. Caso* SIGNATURE REQUIRED

W. J. Caso, Vice President 1/12/98

CR2E034 (10/97)

# LONE STAR INDUSTRIES, INC.

300 FIRST STAMFORD PLACE  
P.O. BOX 120014  
STAMFORD, CT 06912-0014  
203-969-8600 Phone  
203-969-8546 Fax

19-Jan-98

DIVISION OF CORPORATIONS  
ANNUAL REPORTS SECTION  
P. O. BOX 1500  
TALLAHASSEE, FLORIDA 32302-1500

GENTLEMEN:

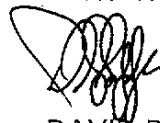
WE ARE ENCLOSING THE FLORIDA CORPORATION ANNUAL REPORT FOR 1997 FOR  
THE FOLLOWING COMPANIES:

LONE STAR INDUSTRIES, INC.  
LONE STAR BUILDING CENTERS (EASTERN), INC.

ALSO ENCLOSED ARE OUR SEPARATE CHECKS IN THE AMOUNT OF \$150.00 EACH TO  
COVER THE FILING FEES DUE AT THIS TIME.

KINDLY ACKNOWLEDGE RECEIPT ON THE ATTACHED COPY OF THIS LETTER AND  
RETURN IT IN THE STAMPED, SELF-ADDRESSED ENVELOPE ENCLOSED.

VERY TRULY YOURS,



DAVID R. SUPPLE  
DIRECTOR - INCOME TAXES

CC: CORP RECORDS  
ANNUAL REPORTS - FLORIDA  
ANREPS\STOFFL

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