

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827486

1. Entity Name

LONE STAR INDUSTRIES, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90012 038 ***150.00

Principal Place of Business

Mailing Address

FIRST STAMFORD PLACE
O. BOX 120014
STAMFORD CT 06902-6733

300 FIRST STAMFORD PLACE
P. O. BOX 120014
STAMFORD CT 06902-6765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-0982660

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, D. W.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, W. E.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TROUTMAN, W. M.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	LANGHAM, J.W.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BACON, J.E.	
STREET ADDRESS	114 WEST 47TH STREET 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	CASO, W.J.	
STREET ADDRESS	300 FIRST STAMFORD PLACE	
CITY-ST-ZIP	STAMFORD CT	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Felix Pardo	
STREET ADDRESS	300 First Stamford Place	
CITY-ST-ZIP	Stamford, CT 06912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mr. Michael B. Clarke	
STREET ADDRESS	300 First Stamford Place	
CITY-ST-ZIP	Stamford, CT 06912	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Philipp Magel-Dyckerhoff AG	
STREET ADDRESS	Biebrichor Strasse 69	
CITY-ST-ZIP	Wiesbaden, Germany 65203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

WILLIAM T. TROUTMAN, J. Caso, V.P.

2/14/00

(203) 969-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)