

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90072 037 ***150.00

DOCUMENT # 827486

1. Entity Name

LONE STAR INDUSTRIES, INC.

Principal Place of Business

**10401 N MEIRIDIAN ST
 SUITE 400
 INDIANAPOLIS IN 46290**

Mailing Address

**10401 N MEIRIDIAN ST
 SUITE 400
 INDIANAPOLIS IN 46290**

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

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

8. 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, 2002 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

1. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PARDO, FELIX	
STREET ADDRESS	10 POST OFFICE SQUARE, SUITE 990	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MAGEL, PHILIPP	
STREET ADDRESS	10 POST OFFICE SQUARE, SUITE 990	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	CLARKE, MICHAEL B	
STREET ADDRESS	10401 N MERIDIAN ST, STE 400	
CITY-ST-ZIP	INDIANAPOLIS IN 46290	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PARDO, FELIX	
STREET ADDRESS	10 POST OFFICE SQUARE, SUITE 990	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	RONTGEN, ALEXANDER	
STREET ADDRESS	10 POST OFFICE SQUARE, SUITE 990	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINER, PETER	
STREET ADDRESS	10 POST OFFICE SQUARE, SUITE 990	
CITY-ST-ZIP	BOSTON MA 02109	

TITLE	Senior VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William A. Humenuk	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	
TITLE	Senior VP Finance/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Quiñlan	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	
TITLE	Harry M. Philip	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP Manufacturing Services	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	
TITLE	David Rinas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Senior VP Marketing	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	
TITLE	Lawrence L. Hoffis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Senior VP Operations	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	
TITLE	John W. White	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VP of Logistics	
STREET ADDRESS	10401 N. Meridian St., Suite 400	
CITY-ST-ZIP	Indianapolis, IN 46290	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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:

John Quiñlan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)