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

APPROVED AND FILED

95 APR -4 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **839371** **(2)**

1. Corporation Name

DEKALB CONCRETE PRODUCTS, INC.

Principal Place of Business	Mailing Address
17791 FITCH AVENUE IRVINE CA 92714	17791 FITCH AVENUE IRVINE CA 92714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1977	3a. Date of Last Report: 06/28/1994
4. FEI Number: 58-1163998	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	11 TITLE	Vice President	☐ Change XX Addition
NAME	FABIAN, RICHARD G.	12 NAME	Joseph U. Barnes	
STREET ADDRESS	13620 LINCOLN WAY, STE. 380	13 STREET ADDRESS	17791 Fitch Avenue	
CITY-ST-ZIP	AUBURN CA	14 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	DP	21 TITLE	Controller	☐ Change XX Addition
NAME	WEST, GEORGE S.	22 NAME	Jeffrey W. Crosson	
STREET ADDRESS	17791 FITCH AVE.	23 STREET ADDRESS	17791 Fitch Avenue	
CITY-ST-ZIP	IRVINE CA	24 CITY-ST-ZIP	Irvine, CA 92714	
TITLE	DV	31 TITLE		☐ Change ☐ Addition
NAME	HAHNE, WALTER B.	32 NAME		
STREET ADDRESS	17791 FITCH AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	34 CITY-ST-ZIP		
TITLE	VS	41 TITLE		☐ Change ☐ Addition
NAME	RUTTENCUTTER, BRIAN B.	42 NAME		
STREET ADDRESS	17791 FITCH AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	BOUDREAU, KENNETH A.	52 NAME		
STREET ADDRESS	17791 FITCH AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	IRVINE CA	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 with an address.

SIGNATURE: Brian B. Ruttencutter, Vice President, Finance 3-21-95 (714) 250-8700
SIGNATURE AND TYPED OR PRINTED NAME OF MICHIGAN OFFICER OR DIRECTOR — Date — Daytime Phone #

000839 FP