

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # B01000000455

1. Entity Name

CEMEX CONSTRUCTION MATERIALS, L.P.

02 JUL 15 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1200 Smith Street

3. Mailing Address

1200 Smith Street

Suite, Apt. #, etc.

Suite 2400

Suite, Apt. #, etc.

Suite 2400

City & State

Houston TX

City & State

Houston TX

Zip

77002

Country

USA

Zip

77002

Country

USA

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number

76-0306105

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

9. Capital Contribution

as Shown on record: 20,531,817.00

10. Amount of Capital Contributions
in FLORIDA to date.

148,357,431

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # P33247
NAME Cemex Inc.
STREET ADDRESS 1200 Smith St Suite 2400
CITY-ST-ZIP Houston TX 77002

STREET ADDRESS

500006465595--9

-07/17/02--01004--012

CITY-ST-ZIP

****437.50 ****437.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

500006465595--9

-07/17/02--01004--013

CITY-ST-ZIP

*****88.75 *****88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/02

713 650-6200

CR2E003B (12/01)