

03-19-98 10:29AM FROM 850 487 6013

TO 617134668549

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FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 MAR 20 PM 1:46



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

B97000000011

LIMITED PARTNERSHIP ANNUAL REPORT 1998		3. Date Formed or Registered JAN 7, 1997		5a. Annual Contributions as Shown on record \$99.00	
1. Name of Limited Partnership A&S BUILDING SYSTEMS, L.P.		1a. DOCUMENT # B97000000011		5b. Amount of Capital Contributions in FLORIDA in cash:	
Mailing Address P O BOX 53 CARYVILLE, TN 37714		Principal Office Address OLD HIGHWAY 25W CARYVILLE, TN 37714		3b. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation TEXAS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 62-1664436	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$0.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

mtc 3/20/98

9. Name and Address of Current Registered Agent C.T. CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 400002467864 Suite, Apt. #, etc... -03/25/98--01003-009 City ***141-25 Zip***141.25 FL	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE  
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) NCI OPERATING CORP.	11a. Address of each General Partner (Do NOT Use Post Office Box Numbers) 7301 FAIRVIEW	11b. City, State & Zip Code HOUSTON, TX 77041	11c. Registration/Document Number F96000006970
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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)(a), Florida Statutes. I warrant the formation of Corporation from my liability of non-compliance with Section 119.07(3)(a) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, trustee or trustee-in-possession to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Robert J Medlock DATE 3-19-98  
ROBERT J MEDLOCK Daytime Telephone Number (713) 466-7788  
Typed or Printed Name of General Partner Signing Form

CR2E006 (6/97)