## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000004218

Entity Name: CERTAINTEED GYPSUM AND CEILING MANUFACTURING, INC.

FILED Apr 03, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5301 W CYPRESS ST SUITE 300 TAMPA, FL 33607			4300 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607-41 57				
Current Mailing Address:				New Mailing Address:			
5301 W CY SUITE 300 TAMPA, FL			4300 WEST CYPRESS STREET SUITE 500 TAMPA, FL 33607-41 57				
FEI Number: 9	98-0226859	FEI Number Applied For ( )	El Num	nber Not Applie	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name					Name and Address of New Registered Agent:		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US  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:							
Electronic Signature of Registered Agent						Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D () I MACDOUGALL, I 5301 W CYPRES TAMPA, FL 3360	SS ST, STE. 300		Title: Name: Address: City-St-Zip:	ENGELHARD	CYPRESS STREET, SUITE 500	
	VPF () I CAMPBELL, KEI 5301 W CYPRES TAMPA, FL 3360	SS ST, STE. 300		Title: Name: Address: City-St-Zip:	MOSES, DON	CYPRESS STREET, SUITE 500	
Title: Name: Address: City-St-Zip:	D () I MAYER, PETER 5301 W CYPRES TAMPA, FL 3360			Title: Name: Address: City-St-Zip:	RAYBURN, D.	CYPRESS STREET, SUITE 500	
Title: Name: Address: City-St-Zip:	S () I RAYBURN, D. LA 5301 W CYPRES TAMPA, FL 3360	NWRENCE SS ST, STE. 300		Title: Name: Address: City-St-Zip:	STUCKEY, DE	CYPRESS STREET, SUITE 500	
Title: Name: Address: City-St-Zip:	VPTS () I MAYER, PETER 5301 W CYPRES TAMPA, FL 3360			Title: Name: Address: City-St-Zip:	WILLIAMS, D	CYPRESS STREET, SUITE 500	
Title: Name: Address: City-St-Zip:	PASTERNAK, ST	SS STREET, SUITE 300		Title: Name: Address: City-St-Zip:	WOINDRICH,	CYPRESS STREET, SUITE 500	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD E. MOSES P 04/03/2007