

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90043 023 \*\*\*150.00

**DOCUMENT # F01000002080**

1. Entity Name

CMC CONCRETE ACCESSORIES, INC.



Principal Place of Business

9103 E. ALMEDA ROAD  
HOUSTON, TX 77054

Mailing Address

P.O. BOX 1046  
DALLAS, TX 75224

**40006127**



01172005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**76-0411791**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE P  
NAME SELIG, JEFF  
STREET ADDRESS STEEL MILL ROAD  
CITY-ST-ZIP SEGUIN, TX 78155

TITLE VD  
NAME SELIG, CLYDE  
STREET ADDRESS STEEL MILL RD  
CITY-ST-ZIP SEGUIN, TX 78155

TITLE S  
NAME SUDBURY, DAVID M  
STREET ADDRESS P.O. BOX 1046  
CITY-ST-ZIP DALLAS, TX 75221

TITLE T  
NAME FEDERLE, LOUIS A  
STREET ADDRESS P.O. BOX 1046  
CITY-ST-ZIP DALLAS, TX 75221

TITLE D  
NAME RABIN, STANLEY  
STREET ADDRESS P.O. BOX 1046  
CITY-ST-ZIP DALLAS, TX 75221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE:** \_\_\_\_\_

David M. Sudbury

1-17-05

214-689-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #