

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005632

FILED
Apr 29, 2008
Secretary of State

Entity Name: CERTAINTEED GYPSUM, INC.

Current Principal Place of Business:

4300 WEST CYPRESS STREET
SUITE 500
TAMPA, FL 33607 57

New Principal Place of Business:

Current Mailing Address:

4300 WEST CYPRESS STREET
SUITE 500
TAMPA, FL 33607 57

New Mailing Address:

FEI Number: 04-3718860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HAWKINS, STEPHEN
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

Title: DVP () Delete
Name: MAYER, PETER
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

Title: PCEO () Delete
Name: MOSES, DONALD E
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

Title: S () Delete
Name: RAYBURN, D. LAWRENCE
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

Title: VP () Delete
Name: DUSHACK, JEFF
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

Title: VP () Delete
Name: STUCKEY, DENNIS
Address: 4300 WEST CYPRESS STREET, SUITE 500
City-St-Zip: TAMPA, FL 33607 57

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANNE MEYER

_____ Electronic Signature of Signing Officer or Director

POA

04/29/2008

_____ Date