


2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90012 022 \*\*\*150.00

<b>DOCUMENT # F04000000603</b> 1. Entity Name <b>DEGUSSA WALL SYSTEMS, INC.</b>					
Principal Place of Business <b>27300 CHAGRIN BLVD. BEACHWOOD, OH 44122</b>			Mailing Address <b>27300 CHAGRIN BLVD. BEACHWOOD, OH 44122</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>34-1886564</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KASIK, WILLIAM 3500 ST. JOHNS BLUFF ROAD, SOUTH JACKSONVILLE, FL 322242614	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVID M. STRYKER 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FONTAINE, DONNA 3500 ST. JOHNS BLUFF ROAD, SOUTH JACKSONVILLE, FL 322242614	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT PHILIP E. KAPLAN 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KEHR, DONALD A 27300 CHAGRIN BLVD. BEACHWOOD, OH 44122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. T ANTHONY GERMANARIO 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENDERGAST, JOHN R 27300 CHAGRIN BLVD. BEACHWOOD, OH 44122	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. T CHARLES D. MILLER 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SALVATORE, JOHN C 27300 CHAGRIN BLVD. BEACHWOOD, OH 44122	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S KEITH H. ANSBACHER 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. S PETER A. VINOCCUR 100 CAMPUS DR. FLORHAM PARK, NJ 07932	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.					
SIGNATURE <i>Peter A. Vinocur</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>3-16-07</i> Daytime Phone # <i>216-839-7200</i>		

*Peter A. Vinocur, Asst. Secty*