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FOREIGN PROFIT QUALIFICATION

Oldcastle Greenleaf, Inc.

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Oldcastle Greenleaf, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 20-0176830
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 08/14/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 375 Northridge Road, Suite 350, Atlanta, GA 30350
(Principal office address)

same
(Current mailing address)

8. Manufacture and sale of concrete products
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: C T Corporation System

Office Address: c/o C T Corporation System, 1200 South Pine Island

Plantation, Florida 33324
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Dale W. Morris DALE W. MORRIS
(Registered agent's signature) ASSISTANT VICE PRESIDENT

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS *SEE ATTACHMENT*

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Douglas Black

Address: 375 Northridge Road, Suite 350

Atlanta, GA 30350

Director: Patrick O'Sullivan

Address: 375 Northridge Road, Suite 350

Atlanta, GA 30350

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B. OFFICERS *SEE ATTACHMENT*

President: Ted Kozikowski

Address: 4150 W. Turney

Phoenix, AZ 85019

Vice President: Patrick O'Sullivan

Address: 375 Northridge Road, Suite 350

Atlanta, GA 30350


Secretary: David J. Majher

Address: 375 Northridge Road, Suite 350 Atlanta, GA 30350

Treasurer: David J. Majher

Address: 375 Northridge Road, Suite 350 Atlanta, GA 30350

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Director or Officer listed in number 12 of the application)

14. Gary P. Hickman, Assistant Secretary
(Typed or printed name and capacity of person signing application)

Attachment to Florida
Officers & Directors

1. Full Name: Douglas Black
Officer/Director: Officer, Director
Officer's Title: Chief Executive Officer
Director's Title: Other Director
Business Address: 375 Northridge Road, Suite 350
City: Atlanta
State: GA
ZIP Code: 30350
2. Full Name: Patrick O'Sullivan
Officer/Director: Officer, Director
Officer's Title: Vice President
Director's Title: Other Director
Business Address: 375 Northridge Road, Suite 350
City: Atlanta
State: GA
ZIP Code: 30350
3. Full Name: Ted Kozikowski
Officer/Director: Officer, Director
Officer's Title: President
Director's Title: Other Director
Business Address: 4150 W. Turney
City: Phoenix
State: AZ
ZIP Code: 85019
4. Full Name: David J. Majher
Officer/Director: Officer
Officer's Title: Secretary and Treasurer
Business Address: 375 Northridge Road, Suite 350
City: Atlanta
State: GA
ZIP Code: 30350
5. Full Name: Michael G. O'Driscoll
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 375 Northridge Road, Suite 350
City: Atlanta
State: GA
ZIP Code: 30350
6. Full Name: Gary P. Hickman
Officer/Director: Officer
Officer's Title: Assistant Secretary
Business Address: 375 Northridge Road, Suite 350
City: Atlanta

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TALLAHASSEE, FLORIDA

Secretary of State
Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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C T CORPORATION SYSTEM
DALE W MORRIS
1201 PEACHTREE STREET, NE
ATLANTA, GA 30361

CERTIFICATE OF EXISTENCE

I, Cathy Cox, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

OLDCASTLE GREENLEAF, INC.
A DOMESTIC PROFIT CORPORATION

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



Cathy Cox
Cathy Cox
Secretary of State