

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004232

FILED  
Apr 11, 2012  
Secretary of State

Entity Name: OLDCASTLE BUILDING PRODUCTS, INC.

**Current Principal Place of Business:**

375 NORTHRIDGE ROAD, SUITE 350  
ATLANTA, GA 30350 US

**New Principal Place of Business:**

375 NORTHRIDGE ROAD  
SUITE 350  
ATLANTA, GA 30350 US

**Current Mailing Address:**

375 NORTHRIDGE ROAD, SUITE 350  
ATLANTA, GA 30350 US

**New Mailing Address:**

375 NORTHRIDGE ROAD  
SUITE 350  
ATLANTA, GA 30350 US

FEI Number: 20-4771303

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

**OFFICERS AND DIRECTORS:**

Title: PCD  
Name: HAAS, KEITH A PCD  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: DSEC  
Name: QUINN, ROBERT D DSEC  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: CAS  
Name: SCHAEFFER, MICHAEL CAS  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: DIR  
Name: O'DRISCOLL, MICHAEL G DIR  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: VP  
Name: KILEY, PETER VP  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

Title: SVP  
Name: MASKE, J. DAVID SVP  
Address: 375 NORTHRIDGE ROAD, SUITE 350  
City-St-Zip: ATLANTA, GA 30350 US

I hereby 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 all other like empowered.

SIGNATURE: MANDELINE HENDRICKS

POA

04/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date