

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005318

FILED
Jul 09, 2008
Secretary of State

Entity Name: VOTORANTIM CIMENTOS NORTH AMERICA, INC.

Current Principal Place of Business:

100 WEST BAY STREET
SUITE 700
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

100 WEST BAY STREET
SUITE 700
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0428106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAZIER & GLAZIER, P.A.
8825 PERIMETER PARK BLVD
SUITE 504
JACKSONVILLE, FL 32216 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: CP () Delete
Name: MADSEN, ERIK
Address: 100 WEST BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: VPD () Delete
Name: FRITZ, DANIEL COO
Address: 100 WEST BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: LIMA, FELIPE CFO
Address: 100 WEST BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: MALICKI, JOLANTA
Address: 100 WEST BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: AS () Delete
Name: DEASON, HEROLD
Address: 100 W BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPD (X) Change () Addition
Name: MADSEN, ERIK
Address: 100 WEST BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

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: VP () Change (X) Addition
Name: WOLFF, NORMAN
Address: 100 W BAY STREET, SUITE 700
City-St-Zip: JACKSONVILLE, FL 32202

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: JOLANTA MALICKI

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07/09/2008

Electronic Signature of Signing Officer or Director

Date