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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
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FOREIGN PROFIT/NONPROFIT CORPORATION

Oldecastle APG, Inc.

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RECEIVED
08 NOV 18 AM 8:00
DIVISION OF CORPORATIONS

FILED
2008 NOV 18 AM 9:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

J. Stivers NOV 19 2008

**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 AFG, 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. Delaware

(State or country under the law of which it is incorporated)

3. 52-1492224

(FEI number, if applicable)

4. 01/06/1987

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. 01/01/2009

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8320 Bellona Avenue, Towson, MD 21204

(Principal office address)

375 Northridge Road, Suite 350, Atlanta, GA 30350

(Current mailing address)

8. Packaging 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 NOT acceptable)

Name: C T Corporation System

Office Address: 1300 South Pine Island Road

Plantation

(City)

Florida

33324

(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

(Registered agent's signature)

DALE W. MORRIS
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

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Keith Haas

Address: 375 Northridge Rd. Ste 350

Creanta, VA 20350

Director: _____

Address: _____

B. OFFICERS SEE ATTACHMENT

President: J David Maske

Address: 8320 Bellona Avenue

Towson, MD 21204

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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. Paul R. Valentine, Vice President

(Typed or printed name and capacity of person signing application)

2008 NOV 18 AM 9:55
CLERK
JULIAN SEED, ONI, IA

**Attachment to Florida
Officers & Directors**

- | | | |
|---|-------------------|--------------------------------|
| 1 | Full Name: | Paul R Valentine |
| | Officer/Director: | Officer |
| | Officer's Title: | VP Finance and Secretary |
| | Director's Title: | |
| | Business Address: | 375 Northridge Road, Suite 350 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30350 |
| 2 | Full Name: | C Keith Gauss |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | 375 Northridge Road, Ste 350 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30350 |
| 3 | Full Name: | Gary P Hickman |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | 375 Northridge Road, Ste 350 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30350 |
| 4 | Full Name: | Michael G O'Driscoll |
| | Officer/Director: | Officer |
| | Officer's Title: | Assistant Secretary |
| | Director's Title: | |
| | Business Address: | 375 Northridge Road, Ste 350 |
| | City: | Atlanta |
| | State: | GA |
| | ZIP Code: | 30350 |
| 5 | Full Name: | Jeff Lax |

Officer/Director:

Officer

Officer's Title:

Assistant Secretary

Director's Title:

Business Address:

375 Northridge Road, Suite 350

City:

Atlanta

State:

GA

ZIP Code:

30350

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLDCASTLE APS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF NOVEMBER, A.D. 2008.

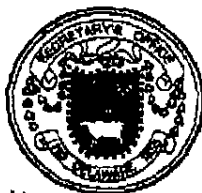
AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

2114078 8300

081100506

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at corp.delaware.gov/authwax.shtml



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 6955463

DATE: 11-07-08