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Florida Department of State  
Division of Corporations  
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FOREIGN PROFIT/NONPROFIT CORPORATION

Oldcastle APG, Inc.

|                       |         |
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| Certificate of Status | 0       |
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TALLAHASSEE, FLORIDA

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J. Stevens 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 3. 52-1492224  
 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/06/1987 5. Perpetual  
 (Date of incorporation) (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: 1200 South Pine Island Road

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:

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 WILLIAMSBURG, VA  
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**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Keith Haas

Address: 375 Northridge Rd. Ste 350

Atlanta, GA 30350

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)

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**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

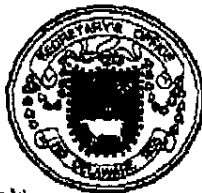
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OLDCASTLE APG, 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.



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at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6955463

DATE: 11-07-08