

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004943

Entity Name: OLDCASTLE APG, INC.

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

8320 BELLONA AVE
TOWSON, MD 21204

New Principal Place of Business:

Current Mailing Address:

375 NORTHRIDGE SUITE 350
ATLANTA, GA 30350

New Mailing Address:

8320 BELLONA AVE
TOWSON, MD 21204

FEI Number: 52-1492224

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAAS, KEITH
Address: 375 NORTHRIDGE RD SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: P () Delete
Name: MASKE, J DAVID
Address: 8320 BELLONA AVE
City-St-Zip: TOWSON, MD 21204

Title: VP () Delete
Name: VALENTINE, PAUL R
Address: 375 NORTHRIDGE RD SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS (X) Delete
Name: GAUSS, C KEITH
Address: 375 NORTHRIDGE RD SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS (X) Delete
Name: HICKMAN, GARY P
Address: 375 NORTHRIDGE RD SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS (X) Delete
Name: O'DRISCOLL, MICHAEL G
Address: 375 NORTHRIDGE RD SUITE 350
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: HAAS, KEITH A DIR
Address: 8320 BELLONA AVE
City-St-Zip: TOWSON, MD 21204

Title: PRES (X) Change () Addition
Name: MASKE, DAVID J PRES
Address: 8320 BELLONA AVE
City-St-Zip: TOWSON, MD 21204

Title: VP/S (X) Change () Addition
Name: VALENTINE, PAUL R VP/S
Address: 8320 BELLONA AVE
City-St-Zip: TOWSON, MD 21204

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MANDELIN HENDRICKS

POA

03/23/2009

Electronic Signature of Signing Officer or Director

Date