

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004943

Entity Name: OLDCASTLE APG, INC.

FILED
Apr 11, 2011
Secretary of State

Current Principal Place of Business:

8320 BELLONA AVENUE
TOWSON, MD 21204

New Principal Place of Business:

8320 BELLONA AVENUE
TOWSON, MD 212042022 US

Current Mailing Address:

8320 BELLONA AVENUE
TOWSON, MD 21204

New Mailing Address:

8320 BELLONA AVENUE
TOWSON, MD 212042022 US

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

OFFICERS AND DIRECTORS:

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

Title: VPS
Name: VALENTINE, PAUL R
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

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

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

Title: AS
Name: HICKMAN, GARY P
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

04/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date