

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001322

Entity Name: LUDOWICI ROOF TILE, INC.

FILED  
Mar 19, 2012  
Secretary of State

## Current Principal Place of Business:

4757 TILE PLANT RD  
NEW LEXINGTON, OH 43764

## New Principal Place of Business:

## Current Mailing Address:

4757 TILE PLANT RD  
NEW LEXINGTON, OH 43764

## New Mailing Address:

FEI Number: 23-2563127

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: C  
Name: GASTINEL, HERVE  
Address: 15 RUE PAGES 92158 SURESNES  
City-St-Zip: CEDEX FRANCE, XX XX

Title: VCP  
Name: LATIL, GUILLAUME  
Address: 15 RUE PAGES 92158 SURESNES  
City-St-Zip: CEDEX FRANCE, XX XX

Title: DST  
Name: VICKROY, RHONDA  
Address: 4757 TILE PLANT RD  
City-St-Zip: NEW LEXINGTON, OH 43764

Title: DCEO  
Name: DE MARGERIC, ANTONIN  
Address: 4757 TILE PLANT RD  
City-St-Zip: NEW LEXINGTON, OH 43764

Title: VPD  
Name: COLBERT, A. TAB  
Address: 4757 TILE PLANT RD  
City-St-Zip: NEW LEXINGTON, OH 43764

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: RHONDA VICKROY

DST

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date