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Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F92000000655 (2)**

1. Corporation Name
BEST ROOFING TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 10803 RALEIGH NC 27605	POST OFFICE BOX 10803 RALEIGH NC 27605-0803

3. Date Incorporated or Qualified: 12/14/1992
3a. Date of Last Report: 01/24/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 56-1616029 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WARREN, RALPH
18 LAUREL OAKS DR.
SUITE 204
WINTER SPRINGS FL 32708

10. Name and Address of New Registered Agent

81 Name: Ricky Bash
82 Street Address (P.O. Box Number is Not Acceptable): 1327 Hartley Cr
83:
84 City: Deltona FL 85 Zip Code: 32725

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ricky Bash — Ricky Bash — 1/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DUDLEY, MARY		1.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	LIPPMAN, MARK		2.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, DIANNE		3.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, DAVID		4.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		4.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BARNES, DAVID		5.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LIPPMAN, MARK		6.2 NAME		
STREET ADDRESS	1108 NOWELL ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	RALEIGH NC		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary C. Dudley — 1/9/97 — (919)851-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #