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Feb 23, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F92000000655 1. Corporation Name BEST ROOFING TECHNOLOGY, INC.			
Principal Place of Business POST OFFICE BOX 10803 RALEIGH NC 27605		Mailing Address POST OFFICE BOX 10803 RALEIGH NC 27605	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent RASH, RICKY 1327 HARTLEY CR DELTONA FL 32725		10. Name and Address of New Registered Agent 81 Name Ricky Rash 82 Street Address (P.O. Box Number is Not Acceptable) 5117 West Street 83 84 City DeLeon Springs FL 85 Zip Code 32130	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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	

14. I 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, with all other like empowered.

SIGNATURE: Mary Dudley 1-9-98 (919) 851-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)