

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

00027

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90041 022 ***150.00

DOCUMENT # F94000000525

1. Corporation Name

BMCA INSULATION PRODUCTS INC.

Principal Place of Business

1361 ALPS RD
WAYNE NJ 07470

Mailing Address

1361 ALPS RD
WAYNE NJ 07470

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1994

4. FEI Number

22-3275477

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1361 Alps oad

Suite, Apt. #, etc.

22

City & State

23 Wayne, NJ

Zip

24 07470

Country

25

2a. Mailing Address

26 1361 Alps Road

Suite, Apt. #, etc.

27

City & State

28 Wayne, NJ

Zip

29 07470

Country

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	KUMAR, SUNIL	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LANG, WILLIAM C	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COLLINS, WILLIAM W.	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAFARO, ROBERT B.	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WEINBERG, RICHARD A	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAPALME, DONALD W	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

SIGNATURE REQUIRED

1/25/99

973-628-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)