## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000000525

Entity Name: BMCA INSULATION PRODUCTS INC

FILED Jul 07, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:	
1361 ALPS RD WAYNE, NJ 07470				
Current Mailing Address:			New Mailing Address:	
1361 ALPS RD WAYNE, NJ 07470				
FEI Number: 22-3275477 FEI Number Applied For ( ) FEI Num			nber Not Applicable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US				
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				
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CEOP () De COLLINS, WILLIAM 1361 ALPS RD WAYNE, NJ 07470	/I W	Title: Name: Address: City-St-Zip:	CEOP (X) Change ( ) Addition TAFARO, ROBERT B 1361 ALPS RD WAYNE, NJ 07470
Title: Name: Address: City-St-Zip:	EVPS () De WEINBERG, RICHA 1361 ALPS RD WAYNE, NJ 07470	ARD A	Title: Name: Address: City-St-Zip:	VPS (X) Change ( ) Addition ASSAD, ROGER F 1361 ALPS RD WAYNE, NJ 07470
Title: Name: Address: City-St-Zip:	VPT () De MAITNER, JOHN M 1361 ALPS RD WAYNE, NJ 07470		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition
Title: Name: Address: City-St-Zip:	SVP () De YOSS, SUSAN 1361 ALPS RD WAYNE, NJ 07470		Title: Name: Address: City-St-Zip:	()Change()Addition
Title: Name: Address: City-St-Zip:	SVPC () De REBELE, JOHN F 1361 ALPS RD WAYNE, NJ 07470		Title: Name: Address: City-St-Zip:	()Change ()Addition
Title: Name: Address: City-St-Zip:	VP () De ASSAD, ROGER 1361 ALPS RD WAYNE, NJ 07470		Title: Name: Address: City-St-Zip:	SVP (X) Change ( ) Addition HARRISON, DAVID A 1361 ALPS RD WAYNE, NJ 07470

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ROGER F ASSAD VPS 07/07/2006