


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000001952 1. Entity Name CEMEX MANAGEMENT, INC.	
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Principal Place of Business 840 GESSNER #1400 HOUSTON, TX 77024 US	Mailing Address PO BOX 1500 HOUSTON, TX 77251-1500 US
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04222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0189755	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PEREZ, GILBERTO 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WHITE, LESLIE S 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD GONZALEZ, JESUS 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDGELLER, THOMAS J 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMEONE, JILL 840 GESSNER #1400 HOUSTON, TX 77024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, DORRANCE K 840 GESSNER #1400 HOUSTON, TX 77024

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dorrance K Smith* VP-Tax 4/24/08 (713) 650-6200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone