

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90108 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # F97000006813**

1. Corporation Name

**BORAL MATERIAL TECHNOLOGIES INC.**



Principal Place of Business  
**45 N.E. LOOP 410, SUITE 700  
SAN ANTONIO TX 78216**

Mailing Address  
**45 N.E. LOOP 410, SUITE 700  
SAN ANTONIO TX 78216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/23/1997**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 **2859 PACES FERRY ROAD**

27 Suite, Apt. #, etc.

**SUITE 1520**

28 City & State

**ATLANTA, GA**

29 Zip

**30339**

30 Country

**USA**

4. FEI Number

**58-2200607**

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	GORDON, GERARD J	45 N.E. LOOP 410, SUITE 700	SAN ANTONIO TX 78216	<input type="checkbox"/>
V	STEVENS, PAUL	45 N.E. LOOP 410, SUITE 700	SAN ANTONIO TX 78216	<input type="checkbox"/>
EV	KEPFORD, ROBERT P	7500 N. DREAMY DRAW #234	PHOENIX AZ 85020	<input type="checkbox"/>
EV	ELLIS, WILLIAM E	1343 CANTON RD STE C/ 75 CANTON OFFICE PRK	MARIETTA GA 30066	<input type="checkbox"/>
V	MERKEL, JAMES B	45 N.E. LOOP 410, SUITE 700	SAN ANTONIO TX 78216	<input type="checkbox"/>
VSD	MCLEAN, ERNEST C III	45 N.E. LOOP 410, SUITE 700	SAN ANTONIO TX 78216	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	2.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	3.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE <td>4.2 NAME<td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	4.2 NAME <td>4.3 STREET ADDRESS<td>4.4 CITY-ST-ZIP<td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	4.3 STREET ADDRESS <td>4.4 CITY-ST-ZIP<td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	4.4 CITY-ST-ZIP <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE <td>5.2 NAME<td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	5.2 NAME <td>5.3 STREET ADDRESS<td>5.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	5.3 STREET ADDRESS <td>5.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	5.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY-ST-ZIP<td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></td>	6.4 CITY-ST-ZIP <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Director, Contracts

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: *Donna R. Rainey Asst. Treasurer*

2-11-99

(770) 801-8700

CR2E034 (11/98)

234635-90108-19  
F97000006813

BORAL MATERIAL TECHNOLOGIES INC.  
FLORIDA- CORPORATION ANNUAL REPORT  
1999

OFFICERS AND DIRECTORS:

D. BROWN 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	CHAIRMAN
D. ALLEN 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
T. PETERSON 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
G. SHELTON 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
J. SCOGGAN 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
R. DIDELOT 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
R. LISTER 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP
S. JONES 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	VP/ASST. SECRETARY/DIRECTOR
D. RAINES 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	ASST.TREASURER
T. LEWIS 2859 PACES FERRY RD, STE 1520 ATLANTA, GA 30339	ASST. SECRETARY/DIRECTOR