

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001580

FILED  
Feb 16, 2011  
Secretary of State

Entity Name: BEKAERT CORPORATION

**Current Principal Place of Business:**

3200 WEST MARKET ST.  
SUITE 303  
AKRON, OH 44333

**New Principal Place of Business:**

**Current Mailing Address:**

3200 WEST MARKET ST.  
SUITE 303  
AKRON, OH 44333

**New Mailing Address:**

FEI Number: 62-1340165

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1203 GOVERNORS SQ BLVD  
SUITE 101  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: MCWHIRT, RICK  
Address: ONE BEKAERT DRIVE  
City-St-Zip: ROGERS, AR 72756 US

Title: SCFO  
Name: BEST, DAVID R  
Address: 3200 W. MARKET ST.  
City-St-Zip: AKRON, OH 44333 US

Title: D  
Name: MCWHIRT, RICK  
Address: ONE BEKAERT DRIVE  
City-St-Zip: ROGERS, AR 72756 US

Title: D  
Name: BEST, DAVID R  
Address: 3200 WEST MARKET ST  
City-St-Zip: AKRON, OH 44333 US

Title: VPD  
Name: VOET, GEERT  
Address: 1395 S. MARIETTA PKWY  
City-St-Zip: MARIETTA, GA 30067 US

Title: AS  
Name: MAZAK, STEPHEN  
Address: 3200 WEST MARKET ST  
City-St-Zip: AKRON, OH 44333 US

I hereby 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 all other like empowered.

SIGNATURE: DAVID R BEST

SCFO

02/16/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date