

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

0547556

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90135 022 \*\*\*150.00

DOCUMENT # **F98000001670**

1. Corporation Name

**BUILDERS' SUPPLY & LUMBER CO., INC.**

Principal Place of Business  
**7490 NEW TECHNOLOGY WAY  
FREDERICK MD 21703**

Mailing Address  
**7490 NEW TECHNOLOGY WAY  
FREDERICK MD 21703**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**03/24/1998**

4. FEI Number

**52-2080519**

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 ☐ DELETE

TITLE **CD**  
NAME **ROACH, JOHN D**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

TITLE **VS**  
NAME **MCALLENAN, DONALD F**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

TITLE **VTAS**  
NAME **O'MEARA, KEVIN P**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

TITLE **D**  
NAME **LEVY, PAUL S**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

TITLE **D**  
NAME **YING, DAVID**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

TITLE **D**  
NAME **CLARK, TIMOTHY**  
STREET ADDRESS **7490 NEW TECHNOLOGY WAY**  
CITY-ST-ZIP **FREDERICK MD**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **2200 Ross Ave., Suite 4900 West**  
1.4 CITY-ST-ZIP **Dallas, TX 75201**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **2200 Ross Ave., Suite 4900 West**  
2.4 CITY-ST-ZIP **Dallas, TX 75201**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS **2200 Ross Ave., Suite 4900 West**  
3.4 CITY-ST-ZIP **Dallas, TX 75201**

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS **450 Lexington Ave., Suite 3350**  
4.4 CITY-ST-ZIP **New York, NY 10017**

5.1 TITLE ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS **450 Lexington Ave., Suite 3350**  
5.4 CITY-ST-ZIP **New York, NY 10017**

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **Brett Milgram**  
6.3 STREET ADDRESS **450 Lexington Ave., Suite 3350**  
6.4 CITY-ST-ZIP **New York, NY 10017**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Kevin P O'Meara 4/20/99 (214) 980-3540**

Date

Daytime Phone #

CR2E034 (11/98)