

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F98000002468

1. Entity Name
TRIANGLE BRICK COMPANY



Principal Place of Business
6523 N.C. HWY 55
DURHAM, NC 27713

Mailing Address
6523 N.C. HWY 55
DURHAM, NC 27713

**FILED
Apr 21, 2008 08:00 A
Secretary of State**

DO NOT WRITE IN THIS SPACE

04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 56-0691893	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 SOUTH PINE ISLAND ROAD
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

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

**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

000000912624
05/07/08-80087-009-150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BROWN, HOWARD P 206 EDINBURGH DR. CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCTD MOLLENKOPF, SCOTT 108 FIFEMOORE CT. CARY, NC 27511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LYNCH, ARCH E 5210 SADDLE CT. RALEIGH, NC 27609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVD ROEBEN, WILHELM 6523 NC HWY 55 DURHAM, NC 27713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT HURST, WILLIAM 1006 LONG GATE WAY APEX, NC 27502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENN, WILLIE 1705 MICHAWK RD. CHAPEL HILL, NC 27514

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wm. G. Hurst 4/16/01 (919) 544-1796

Date

Daytime Phone #