

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000002468

Entity Name: TRIANGLE BRICK COMPANY

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

6523 N.C. HWY 55
DURHAM, NC 27713

New Principal Place of Business:

Current Mailing Address:

6523 N.C. HWY 55
DURHAM, NC 27713

New Mailing Address:

FEI Number: 56-0691893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: BROWN, HOWARD P
Address: 206 EDINBURGH DR.
City-St-Zip: CARY, NC 27511

Title: VCTD () Delete
Name: MOLLENKOPF, SCOTT
Address: 108 FIFEMOORE CT.
City-St-Zip: CARY, NC 27511

Title: SD () Delete
Name: LYNCH, ARCH E
Address: 5210 SADDLE CT.
City-St-Zip: RALEIGH, NC 27809

Title: CVD () Delete
Name: ROEBEN, WILHELM
Address: 6523 NC HWY 55
City-St-Zip: DURHAM, NC 27713

Title: ASAT () Delete
Name: HURST, WILLIAM
Address: 1006 LONG GATE WAY
City-St-Zip: APEX, NC 27502

Title: D () Delete
Name: GLENN, WILLIE
Address: 1705 MICHAWK RD.
City-St-Zip: CHAPEL HILL, NC 27514

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: BROWN, HOWARD P
Address: 206 EDINBURGH DR.
City-St-Zip: CARY, NC 27511

Title: PCD (X) Change () Addition
Name: MOLLENKOPF, SCOTT
Address: 108 FIFEMOORE CT.
City-St-Zip: CARY, NC 27511

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM G. HURST

ASAT

04/10/2009

Electronic Signature of Signing Officer or Director

Date