

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.

FILED  
Apr 20, 2010  
Secretary of State

## Current Principal Place of Business:

1002 15TH STREET SW, SUITE 110  
AUBURN, WA 98001 US

## New Principal Place of Business:

1002 15TH STREET SW  
SUITE 110  
AUBURN, WA 98001 US

## Current Mailing Address:

1002 15TH STREET SW, SUITE 110  
AUBURN, WA 98001 US

## New Mailing Address:

1002 15TH STREET SW  
SUITE 110  
AUBURN, WA 98001 US

FEI Number: 91-0782138

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: PD  
Name: SCHACK, MARK  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

Title: ST  
Name: QUINN, ROBERT D  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

Title: SVP  
Name: RHEES, RAYMOND  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

Title: DIR  
Name: O'DRISCOLL, MICHAEL G  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

Title: DIR  
Name: SANDBROOK, WILLIAM J  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

Title: DIR  
Name: TOWE, MARK S  
Address: 1002 15TH STREET SW SUITE 110  
City-St-Zip: AUBURN, WA 98001

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: MANDELINE HENDRICKS

POA

04/20/2010

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

\_\_\_\_\_ Date