

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.

FILED
Apr 11, 2011
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SCHACK, MARK
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: VPST
Name: QUINN, ROBERT D
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: SVP
Name: RHEES, RAYMOND
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: DIR
Name: O'DRISCOLL, MICHAEL G
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: DIR
Name: SANDBROOK, WILLIAM J
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: DIR
Name: TOWE, MARK S
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 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: MANDELINE HENDRICKS

POA

04/11/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date