2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.

FILED Jun 28, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1002 15TH STREET SW

SUITE 110

AUBURN, WA 98001 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

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

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: STEEVENS, DAVID

Address: 375 NORTHRIDGE ROAD, SUITE 350

City-St-Zip: ATLANTA, GA 30350 US

Title: S

Name: QUINN, ROBERT D

Address: 375 NORTHRIDGE ROAD, SUITE 350

City-St-Zip: ATLANTA, GA 30350 US

Title: AT

Name: HICKMAN, GARY P

Address: 375 NORTHRIDGE ROAD, SUITE 350

City-St-Zip: ATLANTA, GA 30350 US

Title: DIR

Name: HAAS, KEITH

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: O'DRISCOLL, MICHAEL

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: MANDY HENDRICKS POA 06/28/2011