

**2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Sep 07, 2011  
Secretary of State**

DOCUMENT# F98000007110

Entity Name: OLDCASTLE PRECAST, INC.

**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: 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: 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

09/07/2011

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

\_\_\_\_\_  
Date