


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90027 002 \*\*\*150.00

<b>DOCUMENT # F990Q0000069</b> 1. Entity Name <b>HENRY ASPHALT COMPANY</b>					
Principal Place of Business <b>909 N. SEPULVEDA BLVD., 650 EL SEGUNDO, CA 90245</b>			Mailing Address <b>909 N. SEPULVEDA BLVD 650 EL SEGUNDO, CA 90245</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>95-3618402</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DOROTHY, REAP M 2701 STATE ROAD 60 WEST BARTOW, FL 33830</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO <b>BARIBULT, WILLIAM H</b> <input type="checkbox"/> Delete <b>909 N. SEPULVEDA BLVD., #650</b> <b>EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MIKE KENNY</b> <b>4 CRYSTAL COURT</b> <b>NESHANIC STATION, NJ 08853</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete <b>REAP, DOROTHY M</b> <b>909 N. SEPULVEDA BLVD, 650</b> <b>EL SEGUNDO, CA 90245</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>GLENN FISCHER</b> <b>65 E. 55TH STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC <input checked="" type="checkbox"/> Delete <b>SMITH, CHRISTINE J</b> <b>65 EAST 55TH STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10022</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>BRIAN HOESTERLEY</b> <b>65 E. 55TH STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>J. LOUIS SHARPE</b> <b>65 E. 55TH STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARTIN C. ELTRICH, III</b> <b>65 E. 55TH STREET, 27TH FLOOR</b> <b>NEW YORK, NY 10022</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>WARNER W. HENRY</b> <b>800 W. SIXTH STREET, #1750</b> <b>LOS ANGELES, CA 90017</b>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>VERNE THIBODEAUX, TREASURER</b> Date <b>2/12/07</b> <span style="float: right;">323-684-5234</span> <small>Daytime Phone #</small>		



ATTACHMENT

40018749

# F99000000069

**BOARD OF DIRECTORS - 2007**

Name
<b>Peter Longo</b> 8295 Eagle Ridge Drive Concord, OH 44077  Cell: (440) 669-6741 plongo@pldiversified.com
<b>Robert H. Malott</b> Retired Chairman and CEO FMC Corporation c/o FMCTI 200 East Randolph Drive Chicago, IL 60601-6401  Tel: (312) 861-6001 Fax: (312) 861-6061 robert.malott@fmcti.com
<b>Ted Muhs</b> The Muhs Company P.O. Box 40 Bronxville, NY 10708  Tel: (914) 961-4567 Cell: (201) 270-6764 tmuhs@henry.com
<b>Brooke Wade</b> President Wade Capital Corporation 750 World Trade Center 999 Canada Place Vancouver, BC V6C 3E1  Tel: (604) 685-3656 Fax: (604) 688-9620 Cell: (604) 551-3391 brooke.wade@wadecapital.ca