2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000003081

Entity Name: OLDCASTLE WESTILE, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
1742 ROOFTILE ROAD CASA GRANDE, AZ 85222					
Current Mailing Address:			New Mailing Address:		
1742 ROOFTILE ROAD CASA GRANDE, AZ 85222					
FEI Number:	El Number: 58-2465967 FEI Number Applied For () FEI Num		nber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS	AND DIRECT	ORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DIR () E SANDBROOK, W 1742 ROOFTILE CASA GRANDE,	ROAD	Title: Name: Address: City-St-Zip:	HAAS, KEITH 1742 ROOFT	
Title: Name: Address: City-St-Zip:	P/D () [AUSTIN, BRIAN 1742 ROOFTILE CASA GRANDE,	ROAD	Title: Name: Address: City-St-Zip:	1	()Change ()Addition
Title: Name: Address: City-St-Zip:	CFO ()[RUMLEY, RUSSI 1742 S. ROOFTI CASA GRANDE,	LE ROAD	Title: Name: Address: City-St-Zip:	VALENTINE, 1742 S. ROC	(X) Change()Addition PAUL R S/TRSR PFTILE ROAD DE, AZ 85222
Title: Name: Address: City-St-Zip:	CONT (X) I GOOD, JEFF CO 1742 S. ROOFTI CASA GRANDE,	LE ROAD	Title: Name: Address: City-St-Zip:	1	()Change ()Addition
Title: Name: Address: City-St-Zip:	S/T (X) I VALENTINE, PAU 1742 ROOFTILE CASA GRANDE,	ROAD	Title: Name: Address: City-St-Zip:	1	()Change ()Addition
Title: Name: Address: City-St-Zip:	AS (X) I HICKMAN, GARY 1742 ROOFTILE CASA GRANDE,	ROAD	Title: Name: Address: City-St-Zip:	1	()Change ()Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MANDELINE HENDRICKS POA 03/24/2009