FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAY -1 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K90304 (2)

1. Corporation Name

PHOENIX MATERIALS AND EQUIPMENT SERVICES, INC.

Principal Place of Business	Mailing Address
1321 W. FAIRFIELD SUITE 101 HIGH POINT NC 27263	1321 W. FAIRFIELD SUITE 101 HIGH POINT NC 27263

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
05/23/1989	04/11/1994

4. FEI Number: 65-0119420 — [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21 109 SEMINOLE DRIVE	26 109 SEMINOLE DRIVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: ARCHDALE, NC	28 City & State: ARCHDALE, NC
24 Zip: 27263 25	29 Zip: 27263 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ANDREW SERVICE CORP OF FLORIDA 3000 MIAMI CENTER 201 S. BISCAYNE BLVD MIAMI FL 33132	81 Name: THOMAS A. HANSON 82 Street Address (P.O. Box Number is Not Acceptable): 222 LAKEVIEW AVE, # 1400 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Thomas A. Hanson THOMAS A. HANSON 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	[ ] Change [ ] Addition
NAME	VERBELEN, WILLY L.	NAME	
STREET ADDRESS	5210 NATUCKET ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREENSBORO NC	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: VERBELEN Willy 3/27/95 800-280-3769

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0496264 FN