2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003614

Address:

City-St-Zip:

Entity Name: CONSTRUCTION PRODUCTS DISTRIBUTORS, LLC

FILED Jul 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 LOCUST STREET, SUITE 300 DES MOINES, IA 50309 **Current Mailing Address: New Mailing Address:** 400 LOCUST STREET, SUITE 300 DES MOINES, IA 50309 FEI Number: 42-1525747 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 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 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DAMOS, CRAIG P Name: Name: Address: 400 LOCUST STREET, SUITE 300 Address: City-St-Zip: DES MOINES, IA 50309 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: DEVRIES, JEFF Name: DESTIGTER, GLENN H Address: 915 W. HICKORY Address: 400 LOCUST STREET, SUITE 300 City-St-Zip: ELDRIGE, IA 52748 City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: MGR () Change (X) Addition MARTLING, LEONARD W JR Name: Name: 400 LOCUST STREET, SUITE 300 Address: Address: City-St-Zip: City-St-Zip: DES MOINES, IA 50309 Title: () Delete Title: MGR () Change (X) Addition Name: Name: EKBERG, HUGH B

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Address:

City-St-Zip:

400 LOCUST STREET, SUITE 300

DES MOINES, IA 50309

SIGNATURE: CRAIG P. DAMOS MGR 07/06/2007