

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003614

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

**Entity Name:** CONSTRUCTION PRODUCTS DISTRIBUTORS, LLC

**Current Principal Place of Business:**

400 LOCUST STREET, SUITE 300  
DES MOINES, IA 50309

**New Principal Place of Business:**

5901 THORNTON AVENUE  
DES MOINES, IA 50321

**Current Mailing Address:**

400 LOCUST STREET, SUITE 300  
DES MOINES, IA 50309

**New Mailing Address:**

5901 THORNTON AVENUE  
DES MOINES, IA 50321

**FEI Number:** 42-1525747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DAMOS, CRAIG P  
Address: 5901 THORNTON AVENUE  
City-St-Zip: DES MOINES, IA 50321

Title: MGR  
Name: DESTIGTER, GLENN H  
Address: 5901 THORNTON AVENUE  
City-St-Zip: DES MOINES, IA 50321

Title: MGR  
Name: MARTLING, LEONARD W JR  
Address: 5901 THORNTON AVENUE  
City-St-Zip: DES MOINES, IA 50321

I hereby 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.

**SIGNATURE:** CRAIG P. DAMOS

MGR

01/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date