

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005669

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** FIRESTONE BUILDING PRODUCTS COMPANY, LLC

**Current Principal Place of Business:**

250 W. 96TH STREET  
INDIANAPOLIS, IN 46260

**New Principal Place of Business:**

**Current Mailing Address:**

250 W. 96TH STREET  
INDIANAPOLIS, IN 46260

**New Mailing Address:**

**FEI Number:** 20-5404918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: DUNN, TIM  
Address: 250 W. 96TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46260

Title: MGR  
Name: DELANEY, ROBERT  
Address: 250 W. 96TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46260

Title: MGR  
Name: VALL, MIKE  
Address: 250 W. 96TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46260

Title: MGR  
Name: SCHACHT, DAN  
Address: 250 W. 96TH STREET  
City-St-Zip: INDIANAPOLIS, IN 46260

Title: MGR  
Name: GARFIELD, GARY A  
Address: 535 MARRIOTT DRIVE  
City-St-Zip: NASHVILLE, TN 37214

Title: MGR  
Name: NICASTRO, CHRISTOPHER  
Address: 535 MARRIOTT DRIVE  
City-St-Zip: NASHVILLE, TN 37214

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: TIM DUNN

MGR

04/10/2012

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