## 2004 FOR PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # P07417** 1. Entity Name



Principal Piece of Business   12950 WORLDARTE DRIVE, #500   12950	LAFARGE BUILDING MATERIALS INC.										
Suite, Apt #, etc.   Suite	12950 WORLDGATE DRIVE, #500		12950 WORLDGATE DRIVE, #500			. ( <b>4.0)(100)</b> 151 (	NTIK 1881: BIVET (There	itali Pitri wasa sa			
Cry & State  Cry &	Principal Place of Business     3. Mailing Address										
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S. Name and Address of Current Registered Agent  T. Name and Address of New Registered Agent  T. Name and Address of New Registered Agent  TALLAHAS STREET TALLAHAS SEE, FL 32301  City Tallahas See, FL 22301  City Tallah	City & Slate		City & State						1		
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  1201 HAYS STREET TALLAHASSEE, FL 32301  City TAILAHASSEE, FL 2[p Code  This Addition of registered agent, or both, in the State of Portide, in the mainlist with, and scoperal  City TailaHASSEE, FL 2[p Code  This Addition of registered agent, or both, in the State of Portide, in the mainlist with, and scoperal  City TailaHASSEE, FL 2[p Code  This Addition of registered agent, or both, in the State of Portide, in the mainlist with, and scoperal  City TailaHASSEE, TailaHA	Zip	Country	Zip	Country		5. Certificate	of Status Desired		\$8.75 Add	itional	
THE PRENTICE-HALL CORPORATION SYSTEM, INC.  Streat Address (P.O. Box Number is Not Acceptable)  City TALLAHASSEE, FL 32301  City Tallahassee, FL 3250 Code  The collegistered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda. I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda I am familiar with, and sccept the obligators of registered agent, or both, in the State of Ponda I am familiar with, and sccept the obligators of Ponda I am familiar with, and sccept the obligators of Ponda I am familiar with, and sccept the ponda I am familiar with,		6. Name and Address of Current R			7. Name and	Address of New	Registered /	\gent			
Street Address (P. O. Box Number is Not Acceptable)  City TAILAHASSEE FL Zip Code  8. The above named entity submist this statement for the purpose of changing its registered agent, or both, in the State of Picrida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE.  Signature, total or printed name of ingineed agent and the Taighbods. (NOTE Registered Agent symmetries)  PILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  PD.  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  PD.  OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  ITIE  PD.  NAME  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  OVNORE, KIRKS  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  NAME  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  NAME  MAME  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  NAME  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  NAME  NAME  VS  MCCLENDON, PHILIP L  Change Addition  MAME  STREET ADDRESS  CITY-51-2P  HERNDON, VA 20170  Deels ITIE  NAME  NAME		STICE HALL CORPORATION O	VETEM INC	Name	Name						
City TallaHasses   FL   Zip Code    8. The above named entity submist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligations of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the obligation of registered agent, or both, in the State of Ponda. I am familiar with, and accept the purpor of Ponda agent, and accept the purpor of Ponda agent ag			YSTEM, INC.	Street A	Street Address (P.O. Box Number is Not Acceptable)						
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B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda. I am familiar with, and accept the obligations of registered agent.    Signature   Support   S				City	<u></u>	llace # c		Fi	Zip Code	3	
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report of supplemental peoprt 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a section statutes; with all other like empowered.

SIGNATURE: