

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90113 027 ***150.00

DOCUMENT # P17730

1. Entity Name
LAFARGE NORTH AMERICA INC.



Principal Place of Business
**12950 WORLDGATE DR
SUITE #500
HERNDON, VA 20170 US**

Mailing Address
**12950 WORLDGATE DR
SUITE #500
HERNDON, VA 20170 US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State
Zip Country

City & State
Zip Country

4. FEI Number
58-1290226

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	OLSEN, ERIC C	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCLENDON, PHILIP L	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	DC	<input type="checkbox"/> Delete
NAME	COLLOMB, BERTRAND P.	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ROLLIER, PHILIPPE R	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRANT, KEVIN C	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	
TITLE	AST	<input type="checkbox"/> Delete
NAME	VAUGHN, PATRICK W	
STREET ADDRESS	12950 WORLDGATE DR, STE 500	
CITY-ST-ZIP	HERNDON, VA 20170	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krantz, Beverly	
STREET ADDRESS	12950 Worldgate Dr, Ste 500	
CITY-ST-ZIP	Herndon, VA 20170	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick W. Krantz

4/2/06

703-400-3600

Daytime Phone #