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T. ROBERTS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 12000000195

REFERENCE : 516924 7918422

AUTHORIZATION :

COST LIMIT

ORDER DATE: January 31, 2013

ORDER TIME : 3:40 PM

ORDER NO. : 516924-020

CUSTOMER NO: 7918422

CHANGE OF AGENT

NAME: ALLIED BUILDING PRODUCTS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi r to change its registered office or registe	zed under the laws of the State of	New Jersey	
1. The name of t	the corporation: ALLIED BUILDING P	RODUCTS CORP.		
2. The principal	office address: 15 East Union Avenu	e, East Rutherford NJ 07073	3	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 06/02/1988 Document number: P19482			2	
	I street address of the current registered ag tment of State: (If resigned, enter resigned		ith the	
	CT Corporation System			
	c/o CT Corporation System 1200 Pine Island Road			
	Plantation FL 33324		AND THE	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company			
	1201 Hays Street		53	
	Tallahassee, FL 32301	acceptable	•	
The street addre	ess of its registered office and the street a be identical.	address of the business office of it	s registered agent,	
Such change wa	as authorized by resolution duly adopted be board, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so	
July	_	Deb Reeves, Vice Presider		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and to comply with the provisions of all statumy dities, and I am familiar with and act is document is being filed merely to reflet that the corporation has been notified in Service Company	ites relative to the proper and com scept the obligation of my position act a change in the registered offic	aplete a as registered	
By: SOU	ah Williamb	January 24, 2013		
_	nature of Registered Age	Date		
	half of an entity:			
	t, Asst. Vice President yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *