2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25361

Entity Name: HANSON ROOF TILE, INC.

FILED Jan 24, 2007 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:			
1340 S.W. 3 DEERFIELI	34TH AVE. O BEACH, FL	33442					
Current Mailing Address:				New Mailing Address:			
1333 CAMPUS PARKWAY NEPTUNE, NJ 07753				300 E. JOHN CARPENTER FREEWAY IRVING, TX 75062			
FEI Number: 74-2513534 FEI Number Applied For () FEI Nu				mber Not Applicable () Certificate of Status Desired ()			
Name and	Address of C	urrent Registered Agent:		Name and	Address o	of New Registered Agent:	
1200 S. PIN	DRATION SYS IE ISLAND RO DN, FL 33324	DAD					
The above in the State		submits this statement for the pu	urpose o	f changing it	ts registere	d office or registered agent, or	⁻ both,
SIGNATUR	E:						
	Electron	ic Signature of Registered Ager	nt			Date	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DVP () MANNING, RICI 3500 MAPLE A' DALLAS, TX 75	VE., STE 1180		Title: Name: Address: City-St-Zip:	DVP MANNING, F 300 E. JOHI IRVING, TX	N CARPENTER FREEWAY	
Title: Name: Address: City-St-Zip:	CHARLES, WA	DELANEY DRIVE, STE 555		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V/SD () HYER, MICHAE 8505 FREEPOF IRVING, TX 75	RT PARKWAY		Title: Name: Address: City-St-Zip:		N CARPENTER FREEWAY	
Title: Name: Address: City-St-Zip:	DONAHUE, MIC	DELANEY DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CAPELLI, TOM	Delete DELANEY DRIVE C 28277		Title: Name: Address: City-St-Zip:	AS CAPELLI, T 300 E. JOHI IRVING, TX	N CARPENTER FREEWAY	
Title: Name: Address: City-St-Zip:	AS () HUTCHINSON, 1333 CAMPUS NEPTUNE, NJ	PARKWAY		Title: Name: Address: City-St-Zip:	AS HUTCHINSO 300 E. JOHI IRVING, TX	N CARPENTER FREEWAY	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN M. HUTCHINSON AS 01/24/2007