FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995 4.27.95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4643

DOCUMENT # P28369 (7)

1. Corporation Name
TAMKO ROOFING PRODUCTS, INC.

Principal Place of Business	Mailing Address
220 WEST FOURTH ST. PO BOX 1404 JOPLIN MO 64802	220 WEST FOURTH ST. PO BOX 1404 JOPLIN MO 64802

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/05/1990
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
4. FEI Number: 44-0502367 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23:
City & State — 28:
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24: Country — 25: Zip — 29: Country — 30:
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	V	☐ Change ☒ Addition
NAME	HUMPHREYS, DAVID C.	12 NAME	Ewert, Richard A.	
STREET ADDRESS	2703 E. 15TH	13 STREET ADDRESS	220 West Fourth Street	
CITY-ST-ZIP	JOPLIN MO	14 CITY-ST-ZIP	Joplin, MO 64801	
TITLE	V	21 TITLE	V	☐ Change ☒ Addition
NAME	FANEUF, LEO J.	22 NAME	Rock, Tom	
STREET ADDRESS	10415 FAIRCHILD	23 STREET ADDRESS	105 Foxfire	
CITY-ST-ZIP	SPRING HILL FL	24 CITY-ST-ZIP	Joplin, MO 64801	
TITLE	CSD	31 TITLE	V	☐ Change ☒ Addition
NAME	HUMPHREYS, ETHELMAE C.	32 NAME	Cox, Harold	
STREET ADDRESS	2505 E. 11TH	33 STREET ADDRESS	Route 5, Box 1067	
CITY-ST-ZIP	JOPLIN MO	34 CITY-ST-ZIP	Joplin, MO 64804	
TITLE	T	41 TITLE	V	☐ Change ☒ Addition
NAME	ELLIS, LOVERN F.	42 NAME	Cordell, George	
STREET ADDRESS	9 SILVERWOOD LANE	43 STREET ADDRESS	39 Split Rail Drive	
CITY-ST-ZIP	JOPLIN MO	44 CITY-ST-ZIP	Joplin, MO 64801	
TITLE	D	51 TITLE	V	☐ Change ☒ Addition
NAME	HUMPHREYS, JOHN P.	52 NAME	Whelan, Timothy R.	
STREET ADDRESS	5915 OAKWOOD ROAD	53 STREET ADDRESS	1922 E. 30th Street	
CITY-ST-ZIP	SHAWNEE MISSION KS	54 CITY-ST-ZIP	Joplin, MO 64804	
TITLE	D	61 TITLE	V (Assistant Vice President)	☐ Change ☒ Addition
NAME	ATKINS, SARAH H.	62 NAME	Jones, David E.	
STREET ADDRESS	6023 ONODAGA RD	63 STREET ADDRESS	2407 Ozark Avenue	
CITY-ST-ZIP	BETHESDA MD	64 CITY-ST-ZIP	Joplin, MO 64801	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lovern Ellis Lovern Ellis Treasurer 04/14/95 417-624-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490000 FN