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Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90022 045 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

50015456

DOCUMENT # P28388

1. Entity Name
HOLCIM (US) INC.

Principal Place of Business	Mailing Address
6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE, MI 48131	6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE, MI 48131

02012005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
201 Jones Rd	201 Jones Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Waltham, MA	City & State: Waltham MA
Zip: 02451 Country: USA	Zip: 02451 Country: USA

4. FEI Number: 38-2943735 ☐ Applied For ☐ Not Applicable

5. Last State of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	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] 2/4/05
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, 2005 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	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	AEBISCHER, THOMAS	NAME	
STREET ADDRESS	P.O. BOX 122	STREET ADDRESS	
CITY-ST-ZIP	DUNDEE, MI 48131	CITY-ST-ZIP	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOLBERG, PATRICK	NAME	
STREET ADDRESS	P.O. BOX 122	STREET ADDRESS	
CITY-ST-ZIP	DUNDEE, MI 48131	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DIEHL, SUSAN	NAME	
STREET ADDRESS	P.O. BOX 122	STREET ADDRESS	
CITY-ST-ZIP	DUNDEE, MI 48131	CITY-ST-ZIP	
TITLE	O ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNEDY, JOHN R	NAME	
STREET ADDRESS	P.O. BOX 122	STREET ADDRESS	
CITY-ST-ZIP	DUNDEE, MI 48131	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHLATTEE, THEOPHIL	NAME	
STREET ADDRESS	ZURCHERSTRASSE 170	STREET ADDRESS	
CITY-ST-ZIP	JONA, SWITZERLAND,	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHRAFL, ANTON E	NAME	
STREET ADDRESS	TALSTRASSE 83	STREET ADDRESS	
CITY-ST-ZIP	ZURICH, SWITZERLAND,	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), F.S. 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 the name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE