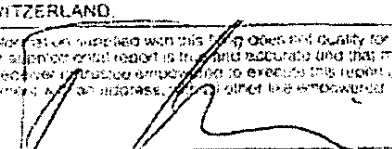


FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 045 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P28388			
1. Entity Name HOLCIM (US) INC.			
Principal Place of Business 6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE, MI 48131		Mailing Address 6211 N. ANN ARBOR RD. P.O. BOX 122 DUNDEE, MI 48131	
2. Principal Place of Business 201 Jones Rd Suite, Apt. #, etc.		3. Mailing Address 201 Jones Rd Suite, Apt. #, etc.	
City & State Waltham, MA Zip 02451 Country USA		City & State Waltham MA Zip 02451 Country USA	
4. FEI Number 38-2943735		Applied For ☐ Not Applicable	
5. Cert. Number of States Rec'd ☐ \$8.75 Additional Fee Required		CR2E034 (10/03)	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent 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:  (NOTE: Registered Agent signature required when remitting) Signature typed or printed name of registered agent and title if applicable.			
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	
NAME T AEBISCHER, THOMAS STREET ADDRESS P.O. BOX 122 CITY-ST-CP DUNDEE, MI 48131		NAME NAME STREET ADDRESS CITY-ST-CP	
NAME P DOLBERG, PATRICK STREET ADDRESS P.O. BOX 122 CITY-ST-CP DUNDEE, MI 48131		NAME NAME STREET ADDRESS CITY-ST-CP	
NAME S DIEHL, SUSAN STREET ADDRESS P.O. BOX 122 CITY-ST-CP DUNDEE, MI 48131		NAME NAME STREET ADDRESS CITY-ST-CP	
NAME O KENNEDY, JOHN R STREET ADDRESS P.O. BOX 122 CITY-ST-CP DUNDEE, MI 48131		NAME NAME STREET ADDRESS CITY-ST-CP	
NAME O SCHLATTEE, THEOPHIL STREET ADDRESS ZURCHERSTRASSE 170 CITY-ST-CP JONA, SWITZERLAND.		NAME NAME STREET ADDRESS CITY-ST-CP	
NAME O SCHRAFL, ANTON E STREET ADDRESS TALSTRASSE 83 CITY-ST-CP ZURICH, SWITZERLAND.		NAME NAME STREET ADDRESS CITY-ST-CP	
12. I declare that the information furnished with this report is true and correct and that the signature shall have the same legal effect as if made by the officer or director of the corporation or the registered agent or the person to whom the report is required by Chapter 687, Florida Statutes, and that the name address in Block 10 or Block 11 is changed or an attachment is an addition, deletion or other use is required.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

50015456



02012005 Chg-P CR2E034 (10/03)