

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P28388

Entity Name: HOLCIM (US) INC.

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

201 JONES RD
WALTHAM, MA 02451

New Principal Place of Business:

Current Mailing Address:

201 JONES RD
P.O. BOX 122
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 38-2943735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AEBISCHER, THOMAS
Address: P.O. BOX 122
City-St-Zip: DUNDEE, MI 48131

Title: P () Delete
Name: DOLBERG, PATRICK
Address: P.O. BOX 122
City-St-Zip: DUNDEE, MI 48131

Title: S () Delete
Name: DIEHL, SUSAN
Address: P.O. BOX 122
City-St-Zip: DUNDEE, MI 48131

Title: D () Delete
Name: KENNEDY, JOHN R
Address: P.O. BOX 122
City-St-Zip: DUNDEE, MI 48131

Title: D () Delete
Name: SCHLATTEE, THEOPHIL
Address: ZURCHERSTRASSE 170
City-St-Zip: JONA, SWITZERLAND,

Title: D () Delete
Name: SCHRAFL, ANTON E.,
Address: TALSTRASSE 83
City-St-Zip: ZURICH, SWITZERLAND,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: THOMAS AEBISCHER

T

04/17/2007

Electronic Signature of Signing Officer or Director

_____ Date