

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Mar 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **P34230** (3)  
1. Corporation Name  
**CORNERSTONE CONSTRUCTION & MATERIALS, INC.**



Principal Place of Business  
**436 SEVENTH AVE., SUITE 1050  
PITTSBURGH PA 15219**

Mailing Address  
**436 SEVENTH AVENUE  
SUITE 1050  
PITTSBURGH PA 15219-1818  
US**

3. Date Incorporated or Qualified  
**06/07/1991**

3a. Date of Last Report  
**04/16/1996**

2. Principal Place of Business  
21 **c/o Hanson North America**  
**One Oxford Centre**  
Suite, Apt #, etc  
22 **Suite 3000**  
City & State  
23 **Pittsburgh, PA**  
Zip Country  
24 **15219** 25 **USA**

2a. Mailing Address  
26 **c/o Hanson North America**  
**One Oxford Centre**  
Suite, Apt #, etc  
27 **Suite 3000**  
City & State  
28 **Pittsburgh, PA**  
Zip Country  
29 **15219** 30 **USA**

4. FEI Number  
**75-2227331**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. 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, and familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HEMPSTEAD III, GEORGE H</b>	
STREET ADDRESS	<b>436 SEVENTH AVE #1050</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BLUNDON, JILL M</b>	
STREET ADDRESS	<b>436 SEVENTH AVE #1050</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CHRISTINE F. WUBBOLDING</b>	
STREET ADDRESS	<b>436 7TH AVE. #1050</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>KARANZAS, SALLY M</b>	
STREET ADDRESS	<b>436 SEVENTH AVE #1050</b>	
CITY-ST-ZIP	<b>PITTSBURGH PA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Craig C. Sergeant</b>	
1.3 STREET ADDRESS	<b>One Oxford Centre, Suite 3000</b>	
1.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15219</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Keith D. Terreri</b>	
3.3 STREET ADDRESS	<b>One Oxford Centre, Suite 3000</b>	
3.4 CITY-ST-ZIP	<b>Pittsburgh, PA 15219</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill M. Blundon**

**Vice President 3/11/97**

**(412) 227-2625**

Date

Daytime Phone #

0007223

CR2E034 (9/96)