

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000006497

**Entity Name:** OLDCASTLE APG SOUTH, INC.

**Current Principal Place of Business:**

333 N. GREENE STREET  
SUITE 500  
GREENSBORO, NC 27401

**Current Mailing Address:**

333 N. GREENE STREET  
SUITE 500  
GREENSBORO, NC 27401 US

**FEI Number: 36-3478452**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            BERRY, STEVE  
Address        333 N. GREENE STREET  
                  SUITE 500  
City-State-Zip: GREENSBORO NC 27401

Title            SECRETARY  
Name            REILLY, BRIAN  
Address        THREE GLENLAKE PARKWAY, FL 12  
City-State-Zip: ATLANTA GA 30328

Title            DIRECTOR  
Name            ORTMAN, TIMOTHY  
Address        900 ASHWOOD PARKWAY  
                  SUITE 600  
City-State-Zip: ATLANTA GA 30338

Title            VP  
Name            CLAMPETT, COLIN  
Address        333 N. GREENE STREET  
                  SUITE 500  
City-State-Zip: GREENSBORO NC 27401

Title            ASSISTANT SECRETARY  
Name            HICKMAN, GARY P.  
Address        900 ASHWOOD PARKWAY  
                  SUITE 600  
City-State-Zip: ATLANTA GA 30338

*I hereby 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 all other like empowered.*

**SIGNATURE: GARY P. HICKMAN**

**ASSISTANT SECRETARY    04/30/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date