

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000007315

**Entity Name:** DAL-TILE SERVICES, INC.

**Current Principal Place of Business:**

160 S. INDUSTRIAL BLVD.  
CALHOUN, GA 30701

**Current Mailing Address:**

P.O. BOX 12069  
CALHOUN, GA 30703

**FEI Number:** 20-1881066

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PCEO  
Name JEFFREY, LORBERBAUM S  
Address 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

Title VP  
Name JAMES, BRUNK  
Address 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

Title VP  
Name SCHLEPER, ED  
Address 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

Title VP  
Name BROWN, PHILLIP A  
Address % 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

Title DVP  
Name GOETZ, BARBARA M  
Address % 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

Title VP  
Name BOYKIN, FRANK H  
Address % 160 S. INDUSTRIAL BLVD.  
City-State-Zip: CALHOUN GA 30701

*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:** ED SCHLEPER

**VICE PRESIDENT**

**01/25/2013**

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

\_\_\_\_\_  
Date