

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007319

FILED  
Jan 03, 2012  
Secretary of State

Entity Name: DAL-TILE DISTRIBUTION, INC.

**Current Principal Place of Business:**

160 S. INDUSTRIAL BLVD.  
CALHOUN, GA 30701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 12069  
CALHOUN, GA 30703

**New Mailing Address:**

FEI Number: 20-1881043

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: BOYKIN, FRANK  
Address: 160 S. INDUSTRIAL BLVD.  
City-St-Zip: CALHOUN, GA 30701

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

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

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

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

Title: DVP  
Name: LUCKE, JAMES T  
Address: 160 S. INDUSTRIAL BLVD.  
City-St-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

VP

01/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date