

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007319

FILED
Jan 16, 2010
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

Election Campaign Financing Trust Fund Contribution ().

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: VPT
Name: VELDMAN, SCOTT R
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

01/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date