

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

**FILED**

**Jan 30 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F92000000655 (2)**  
1. Corporation Name  
**BEST ROOFING TECHNOLOGY, INC.**



Principal Place of Business POST OFFICE BOX 10803 RALEIGH NC 27605	Mailing Address POST OFFICE BOX 10803 RALEIGH NC 27605
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/14/1992**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>56-1616029</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
23 Zip	28 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>RASH, RICKY</b> 1327 HARTLEY CR DELTONA FL 32725				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUDLEY, MARY</b>	1.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIPPMAN, MARK</b>	2.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, DIANNE</b>	3.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, DAVID</b>	4.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	4.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARNES, DAVID</b>	5.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIPPMAN, MARK</b>	6.2 NAME	
STREET ADDRESS	<b>1108 NOWELL ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RALEIGH NC</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Mark Lippman* **REQUIRED**

1-80-98

CR2E034 (10/97)