

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000525 (5)
 1. Corporation Name
BMCA INSULATION PRODUCTS INC.



Principal Place of Business 1361 ALPS RD WAYNE NJ 07470	Mailing Address 1361 ALPS RD WAYNE NJ 07470
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 02/03/1994	
4. FEI Number 22-3275477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUMAR, SUNIL	1.2 NAME	
STREET ADDRESS	1361 ALPS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	1.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, WILLIAM C	2.2 NAME	
STREET ADDRESS	1361 ALPS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, WILLIAM W	3.2 NAME	William W. Collins
STREET ADDRESS	1361 ALPS RD	3.3 STREET ADDRESS	1361 Alps Road
CITY-ST-ZIP	WAYNE NJ 07470	3.4 CITY-ST-ZIP	Wayne, NJ 07470
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OKALY, JOSEPH J	4.2 NAME	Robert B. Tafaro
STREET ADDRESS	1361 ALPS RD	4.3 STREET ADDRESS	1361 Alps Road
CITY-ST-ZIP	WAYNE NJ 07470	4.4 CITY-ST-ZIP	Wayne, NJ 07470
TITLE	VS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINBERG, RICHARD A	5.2 NAME	
STREET ADDRESS	1361 ALPS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAPALME, DONALD W	6.2 NAME	
STREET ADDRESS	1361 ALPS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ 07470	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)(i), 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 _____ DATE **3/10/98** **973-628-3520**

CR2E034 (10/97)