

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

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**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90041 022 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000525**

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/03/1994</b>	
21 1361 Alps oad	Suite, Apt. #, etc.	26 1361 Alps Road	Suite, Apt. #, etc.	4. FEI Number <b>22-3275477</b>	Applied For Not Applicable
22	City & State Wayne, NJ	27	City & State Wayne, NJ	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip 07470	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	FL 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PCOO	<input type="checkbox"/> DELETE
NAME	KUMAR, SUNIL	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	LANG, WILLIAM C	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	COLLINS, WILLIAM W.	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TAFARO, ROBERT B.	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	WEINBERG, RICHARD A	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAPALME, DONALD W	
STREET ADDRESS	1361 ALPS RD	
CITY-ST-ZIP	WAYNE NJ 07470	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ **SIGNATURE REQUIRED** **1/25/99** **973-628-3000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)