

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # F94000000525**

1. Entity Name

**BMCA INSULATION PRODUCTS INC.**

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90141 001 \*\*\*150.00

Principal Place of Business <b>1361 ALPS RD WAYNE NJ 07470</b>	Mailing Address <b>1361 ALPS RD WAYNE NJ 07470-3700</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>22-3275477</b>		Applied For
		Not Applicable.
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS ST</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCOO KUMAR, SUNIL 1361 ALPS RD WAYNE NJ 07470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President &amp; CEO Samuel J. Heyman 1361 Alps Road Wayne, NJ 07470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP LANG, WILLIAM C 1361 ALPS RD WAYNE NJ 07470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. VP &amp; CFO. William C. Lang 1361 Alps Road Wayne, NJ 07470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP COLLINS, WILLIAM W. 1361 ALPS RD WAYNE NJ 07470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. VP &amp; COO William W. Collins 1361 Alps Road Wayne, NJ 07470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP TAFARO, ROBERT B. 1361 ALPS RD WAYNE NJ 07470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior VP &amp; Treasurer Susan B. Yosse 1361 Alps Road Wayne, NJ 07470</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS WEINBERG, RICHARD A 1361 ALPS RD WAYNE NJ 07470</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Exec. VP &amp; Sec. Richard A. Weinberg 1361 Alps Road Wayne, NJ 07470</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LAPALME, DONALD W 1361 ALPS RD WAYNE NJ 07470</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Wayne, NJ 07470</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard A. Weinberg, Exec. VP & Sec. **1/27/00**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)