

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90269 036 \*\*\*150.00

**DOCUMENT # F94000000525**

1. Entity Name  
**BMCA INSULATION PRODUCTS INC.**

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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

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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City FL 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, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCEO HEYMAN, SAMUEL</b> <input checked="" type="checkbox"/> Delete <b>1361 ALPS RD          WAYNE NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC LANG, WILLIAM C</b> <input checked="" type="checkbox"/> Delete <b>1361 ALPS RD          WAYNE NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>EVPC COLLINS, WILLIAM W.</b> <input type="checkbox"/> Delete <b>1361 ALPS RD          WAYNE NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT YOSS, SUSAN</b> <input type="checkbox"/> Delete <b>1361 ALPS RD          WAYNE NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPS WEINBERG, RICHARD A</b> <input type="checkbox"/> Delete <b>1361 ALPS RD          WAYNE NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres. &amp; CEO &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>William W. Collins</b> <b>1361 Alps Road          Wayne, NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP &amp; CFO &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John F. Rebele</b> <b>1361 Alps Road          Wayne, NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP &amp; Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>David A. Harrison</b> <b>1361 Alps Road          Wayne, NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Robert B. Tafaro</b> <b>1361 Alps Road          Wayne, NJ 07470</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Kenneth E. Walton</b> <b>1361 Alps Road          Wayne, NJ 07470</b>

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.** 4/16/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)