FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 794 000 000 759"



FILED SECRETARY OF STATE AISTON OF CORPORATION

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BUILD.	ING MATERIALS CORPOR	ATION OF AMERICA			04 ONU 20 TH 4:	30		
	DO NOT WRITE	IN THIS SI	PACE		••			
2. Principal Place of Business 1361 Alps Road 3. Mailing Address 1361 Alps		Road		· ·				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		— gl	DO NOT WRITE IN TH	HIS SPACE		
City & State Wayne, NJ		City & State Wayne, NJ		1	El Number -3276290	Applied For Not Applicable		
Zip 07470	Country USA	Zip 07470	Country USA	5. C	ertificate of Status Desired	\$8.75 Additional Fee Required		
			-3-	7. Nan	ne and Address of Current Registe			
			Name	orporati	lon Service Company	7		
	DO NOT W	BITE:	1 (2 x x x x x x x x x x x x x x x x x x			,		
		The state of the s	- Circci /	Street Address (P.O. Box Number is Not Acceptable)				
	IN THIS SF	AUE						
			City	0.11.1		FL Zip Code 32301		
8. The above	named entity submits this statement for	or the nurrose of changing ite		Callahass	,,,,,	— JZJU1		
the obligat	tions of registered agent.			_	ric, or boar, in the State of Horida. Fa	am tamiliar with, and accept		
	─ ~ - √√ ×		ine Reynol	us	1-7	10-04		
SIGNATURE.	Signature: typed or printed name of egistered agent		its agent Registered Agent signar	ure required when rein	istatino) DA			
	nuary 1: May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department of	State*			Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND	DIRECTORS			T' 7377			
TITLE	CEO & Pres.		TITLE		The second secon			
NAME	William W. Collins		NAME	4.	A CONTRACTOR OF THE CONTRACTOR			
STREET ADDRESS CITY-ST-ZIP	1361 Alps Road		STREET ADDRESS CITY-ST-ZIP		The second secon			
TITLE	Wayne, NJ 07470		TITLE		The second secon			
NAME	EVP & Sec.		NAME		The second secon	*		
STREET ADDRESS	Richard A. Weinber	g	STREET ADDRESS		The state of the s			
CITY-ST-ZIP	1361 Alps Road Wayne, NJ 07470		CITY-ST-ZIP ,					
TITLE	VP & Treas.		TITLE		A CONTRACTOR OF THE CONTRACTOR			
NAME STREET ADDRESS	John M. Maitner		NAME .					
CITY-ST-ZIP	1361 Alps Road		STREET ADDRESS CITY-ST-ZIP		DO NOT WE	RITE		
TITLE	Wayne, NJ 07470		TITLE	*				
NAME	SVP & CFO		NAME	1.0	IN THIS SPA	ACE		
STREET ADDRESS	John F. Rebele 1361 Alps Road		STREET ADDRESS					
CITY-ST-ZIP	Wayne, NJ 07470		CITY-SI-ZIP	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	10 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
TITLE NAME .	SVP		THILE		0000277			
	l		NAME STREET ADDRESS					
	Susan Yoss		 and the following of the control of th	•				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		A CONTROL OF THE CONT			
STREET ADDRESS	1361 Alps Road Wayne, NJ 07470		CITY-ST-ZIP					
STREET ADDRESS CITY-ST-ZIP	1361 Alps Road Wayne, NJ 07470 VP_Law	W. U.L.	CART 7 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	1361 Alps Road Wayne, NJ 07470 VP_Law Roger Assad		CITY ST-ZIP TITLE NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1361 Alps Road Wayne, NJ 07470 VP_Law		CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP					

indicated of mis report of supplier in the and accorded and that my signature shan have me same legal effect as it made under outri; that it am an officer or director of the corporation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

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SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Assad, VP-Law

1/23/04

Date

Daytime Phone #

CR2E034B (12/02)



ACCOUNT NO. : 072100000032

REFERENCE :

411905

5020218

AUTHORIZATION :

COST LIMIT :

ORDER DATE: January 27, 2004

ORDER TIME : 3:43 PM

ORDER NO. : 411905-020

CUSTOMER NO: 5020218

CUSTOMER: Shelley Sorkin

Building Material Corporation

1361 Alps Road

Wayne, NJ 07470-3687

ANNUAL REPORT FILING

NAME:

BUILDING MATERIALS

CORPORATION OF AMERICA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: