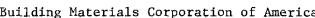
FOR PROFIT CORPORATION 🚣 **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9480000759 1. Entity Name





FILED

03 JUN 11 AM 9: 17

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	DO NO	T WRIT	EIN	THIS	SPAC	Ë	,	TALLAH.	TARY OF ASSEE, F	STATE LORID	A
2. Principal Place of Business 1361 Alps Road				3. Mailing Address 1361 Alps Road							
Suite, Apt.	#, etc.	Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State Wayne, NJ				City & State Wayne, NJ			4. FE	4. FEI Number Applied For 22-3276290 Not Applicable			
G7470 Country USA			Zip	Zip 07470 Country USA		5 . Ce	5. Certificate of Status Desired \$8.75 Additional Fee Required				
· , · · · ·							7. Nam	e and Address	s of Current Re	gistered A	vgent
						Name Co	orporati	ation Service Company			
DO NOT WRITE						Street 1201 (P.O. Box Number is Not Acceptable)					
IN THIS SPACE								Street			
¢.	IN	1412 2	PAC								
4						City _				FL	Zip Code
*			<u> </u>		<u></u>	Ta	allahass				32301
	named entity sui ions of registered		nt for the purp	pose of changin	g its register	ed office or re	egistered agen	nt, or both, in th	e State of Florid	a. I am fan	niliar with, and accept
trie obligati	. A	ragent.	04.		Dob	orah D	Skipper	-			
SIGNATURE	Signature, typed or pri	tach IV. Inled name of registered a	gent and title it ap	ywy plicable,	(NOTE: Registere	sst V d Ageni signature	Pres.	sating)	0020	TB!	<u>6357</u>
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State									ampaign Finance Contribution,	cing	\$5.00 May Be Added to Fees
10.	7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	OFFICERS A		ORS	T.		<u> </u>			e	
TITLE	676 /P				TITLE	: T		 	• ;	3 . 2	
HAME		sident/Di		tor NAME						.* "	*
STREET ADDRESS	William W. Collins					ET ADDRESS		,			
CITY-ST-ZIP		ps Road,	Wayne,	NJ 0747	O CHY	- ST-ZIP			·		
TITLE		P & Sec.			זחנז		, ,		. "		
NAME	1	A. Weinb	erg		1.	E	•				
STREET ADDRESS		ps Road,				ET ADDRESS	1		:		
CITY-S1-7IP	Wayne,	NJ 07470			—	-ST-ZIP			·····		
TITLE	1	Director			TITLE		•			· **	*** d #
NAME STREET ADDRESS		Harriso	n		NAM	ET ADDRESS					
CITY-ST-ZIP	1	ps Road				-ST-ZIP	7.	DO I	V TOV	VRIT	E '
TITLE	Wayne, Treasur	NJ 07470			ŢŨĿ						
NAME					· NAM			IN I	HIS S	PAC	E
STREET ADDRESS	John M. Maitner 1361 Alps Road				STR	ET ADDRESS			n (*)	• •	
CITY-ST-ZIP	Wayne.	NJ_07470_			CITY	ST-ZIP			e e	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
TITLE		& CFO/Dir	ector		TITU				1	G. I	
HAME	1	Rebele			: NAM	.]				Λ̈́.	
STREET ADDRESS		psRoad,	Wayne.	NJ 0747	() .	ET ADDRESS			·	$\Lambda\Pi\Lambda$	\mathcal{M}
CITY-ST-ZIP						-ST-ZIP				+++	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
TITLE		Director			TITU (*)	1			. *\(\sigma\)	$\mathcal{L}V$,
NAME STREET ADDRESS (B. Tafaro			NAM	E Et address			/	A	
CHY-SI-ZIP 1361 Alps Road, War				NJ 0747	U 9 .	-SI-ZIP			•	~()	
	L								<u> </u>		· · · · · · · · · · · · · · · · · · ·

12. I hereby certify that the information supplied with this filling 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 fustee empowered 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.

SIGNATURE: _

Richard A. Weinberg, Exec. VP & Sec. URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)



ACCOUNT NO. : 072100000032

REFERENCE

5020218

AUTHORIZATION

COST LIMIT :

ORDER DATE: June 9, 2003

ORDER TIME : 10:20 AM

ORDER NO. : 124202-015

CUSTOMER NO: 5020218

CUSTOMER: Ms. Shelly Sorkin-5020218

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

___ PLAIN STAMPED COPY

__ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 1135

EXAMINER'S INITIALS