



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 131878		2. Name of Corporation CARLISLE ROOFING SYSTEMS, INC.			
3. Street Address Principal Business Office 250 S. CLINTON STREET, Suite 201			City Syracuse	State NY	Zip 13202
4. Business Phone No. 315-477-9118		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE AND ADMINISTRATION OF EXTENDED WARRANTIES OF ROOFING SYSTEMS					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John W. Altmeyer			Vice President Name Carol P. Lowe		
Street Address 1285 Ritter Highway			Street Address 13925 Ballantyne Corporate Place		
City Carlisle	State PA	Zip 17013	City Charlotte	State NC	Zip 28277
Secretary Name STEVEN J. FORD			Treasurer Name		
Street Address 250 S. Clinton Street, Ste 201			Street Address		
City Syracuse	State NY	Zip 13202	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Richmond D. McKinnish			Director Name STEVEN J. FORD		
Street Address 13925 Ballantyne Corporate Place			Street Address 250 S. CLINTON STREET, Ste 201		
City Charlotte	State NC	Zip 28277	City Syracuse	State NY	Zip 13202
Director Name Carol P. Lowe			Director Name		
Street Address 13925 Ballantyne Corporate			Street Address		
City Charlotte	State NC	Zip 28277	City	State	Zip
9. SHARES AUTHORIZED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			10. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 COMM \$1.00 PAR VALUE			10	Common	\$10.00
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



131878

File Date **FILED**
Check No. **OCT 09 2007**
By: **19735**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature: **Steven J. Ford** Date: **2-9-07**
Print or Type Name: **Secretary**
Title: **Secretary**