

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 25 1996 8:00 am
Secretary of State

DOCUMENT # 801066 (2)

1. Corporation Name
PPG INDUSTRIES INC

Principal Place of Business

% TAX ADMIN
ONE PPG PLACE
PITTSBURGH PA 15272

Mailing Address

% TAX ADMIN
ONE PPG PLACE
PITTSBURGH PA 15272



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/10/1918	3a. Date of Last Report 01/26/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 25-0730780	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T NAME: LINGE, H KENNEDY STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA	<input type="checkbox"/> DELETE	1.1 TITLE: Treasurer 1.2 NAME: Dan W. Kiener 1.3 STREET ADDRESS: One PPG Place 1.4 CITY - ST - ZIP: Pittsburgh, PA 15272	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: DEMPSEY, JERRY E. STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA	<input type="checkbox"/> DELETE	2.1 TITLE: 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: LEBOEUF, R. W. STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA	<input type="checkbox"/> DELETE	3.1 TITLE: President 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY - ST - ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: SARNI, VINCENT STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA	<input type="checkbox"/> DELETE	4.1 TITLE: 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: KENNEDY, LINGE H STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA	<input type="checkbox"/> DELETE	5.1 TITLE: 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: WALKER, DONNA LEE STREET ADDRESS: ONE PPG PLACE CITY - ST - ZIP: PITTSBURGH PA 15272	<input type="checkbox"/> DELETE	6.1 TITLE: 6.2 NAME: 6.3 STREET ADDRESS: 6.4 CITY - ST - ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna Lee Walker* Donna Lee Walker

1-15-96

412/434-4368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)