

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90045 004 ***150.00

0575813

DOCUMENT # 801066

1. Entity 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
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C0013147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **25-0730780**

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Delete
NAME	KIENER, DAN W.	
STREET ADDRESS	ONE PPG PL	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	CCEO	<input type="checkbox"/> Delete
NAME	LEBOEUF, RAY W	
STREET ADDRESS	ONE PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15272	
TITLE	C	<input type="checkbox"/> Delete
NAME	NAVIKAS, DAVID B	
STREET ADDRESS	ONE PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15272	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOOPER, MICHELE J	
STREET ADDRESS	1105 JUDSON AVE	
CITY-ST-ZIP	EVANSTON IL 60202	
TITLE	S	<input type="checkbox"/> Delete
NAME	HANZEL, MICHAEL C	
STREET ADDRESS	ONE PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15272	
TITLE	D	<input type="checkbox"/> Delete
NAME	WALKER, DONNA LEE	
STREET ADDRESS	ONE PPG PLACE	
CITY-ST-ZIP	PITTSBURGH PA 15272	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP, C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Donna Lee Walker* **1-22-01** (412) 434-4368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)