PROF!T CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P14681

THE GLIDDEN COMPANY



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Principal Place	of Business	Mailing Address				
925 EUCLID AVENUE TAX DEPT.						
SUITE 900		P.O. BOX 94837		TO MOT WEITS IN THE ORDER		
CLEVELAND OH 44115-1401		CLEVELAND OH 44115		DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	
					06/02/1987	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Nu nber	App led For
21		26 925 EUCLID AVE		51-0290518	Not Applicable	
Suite, Aţıt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22		27 TAX DEPT				
City & State		City & State OH		6. Election Campaign Financing	\$5.00 May Be	
23		28 CLEVELAND		<u> </u>	Trust Fund Contribution	Added to Fees
Zip			Country		8. This corporation owes the current year in	
24	25	29 44115 30	<u>!</u>		Personal Property Tax.	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	a Agent
	ACCOUNTS AND ANOTEM		81	Name		
CT CORPORATION SYSTEM			82 Street Ar dress (P.O. Box Number is Not Acceptable)			
	S. PINE ISLAND ROAD					
PLAN	ITATION FL 33324		83			
			84	City		85 Zip Code
İ			0.4	City	Fi	L S Z S S
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	-named co	rporation submits this statement for the purpose of	of changing its registered
office us of	egistered agent, or both, in the State on familiar with, and accept the obligat	∷f Florida. Such change was ₃utho	orized by	the corpora	ation's board of directors. I hereby accept the app	ointment as registered
_	in lamiliar with, and accept the congac	5/13 5/1, 5550/011 501.5555, 113/155		•		
SIGNATUF:E	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Rec	gistered Agen	t signature req	ired when reinstaling) DATE	
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		AND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	j		☐ Change ★ Addition
NAME	KIRBY, PETER M		12 NAME	:	JOHN D.G. Mc ADAM	
STREET ADDRESS	WEXHAM RD		1.3 STREET		NEXHAM RD	
CITY-ST-ZIP	ENGLAND SLOUGH BE	į.		T-ZIP	SLOUGH BERKS ENG	
TITLE	PD PD		1.4 CITY S		Shought of the Elver	LAND
NAME		DELETE	1.4 CITY-ST	F	SLOUGH BERKS ENG	Change Addition
		DELETE		F	DENIS T WRIGHT	
OTDEET ADDDUGG	OSBORNE, THOMAS C	DELETE	2.1 TITLE 2.2 NAME	F	DENIS T WRIGHT	
STREET ADDRESS	OSBORNE, THOMAS C 925 EUCLID AVE	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	DENIS T WRIGHT 725 EUCLID AVENUE	
CITY-ST-ZIP	OSBORNE, THOMAS C 925 EUCLID AVE CLEVELAND OH		2.1 TITLE 2.2 NAME	ADDRESS C	DENIS T WRIGHT 725 EUCLID AVENUE LEVELAND OH 44115	
CITY-ST-ZIP TITLE	OSBORNE, THOMAS C 925 EUCLID AVE CLEVELAND OH EVP	DELETE	2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE	ADDRESS	DENIS T WRIGHT 725 EUCLID AVENUE CLEVELAND OH 44115	☐ Change Addition
CITY-ST-ZIP TITLE NAME	OSBORNE, THOMAS C 925 EUCLID AVE CLEVELAND OH EVP THOMASON, JUNE C		2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME	TADDRESS	DENIS T WRIGHT 725 EUCLID AVENUE LEVELAND OH 44115 1 D RANT A LAWSON	☐ Change Addition ☐ Change Addition
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14. I here by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.C7(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is frue and accurate and that my signature shall have the same legal effect as if made ander oath; that am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chap er 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: