

FILE NOW: FILING FEE AFTER MAY 1ST IS: \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P14681

1. Corporation Name THE GLIDDEN COMPANY



Principal Place of Business 925 EUCLID AVENUE SUITE 900 CLEVELAND OH 44115-1401 US

Mailing Address TAX DEPT. P.O. BOX 94837 CLEVELAND OH 44115 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 925 EUCLID AVE

27 TAX DEPT

28 CLEVELAND OH

29 44115 30 Country

3. Date Incorporated or Qualified

06/02/1987

4. FEI Number

51-0290518

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KIRBY, PETER M	
STREET ADDRESS	WEXHAM RD	
CITY-ST-ZIP	ENGLAND SLOUGH BE	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, THOMAS C	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	THOMASON, JUNE C	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	LAWSON, EARL A	
STREET ADDRESS	801 CANTERBURY RD	
CITY-ST-ZIP	WESTLAKE OH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	HALLIDAY, THOMAS L.	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	MCCAULEY, ROBERT W	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHN D.G. Mc ADAM	
1.3 STREET ADDRESS	WEXHAM RD	
1.4 CITY-ST-ZIP	SLOUGH BERKS ENGLAND	
2.1 TITLE	P D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DENIS T WRIGHT	
2.3 STREET ADDRESS	925 EUCLID AVENUE	
2.4 CITY-ST-ZIP	CLEVELAND OH 44115	
3.1 TITLE	V D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GRANT A LAWSON	
3.3 STREET ADDRESS	925 EUCLID AVENUE	
3.4 CITY-ST-ZIP	CLEVELAND OH 44115	
4.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MUSEIN NAKHOODA	
4.3 STREET ADDRESS	925 EUCLID AVE	
4.4 CITY-ST-ZIP	CLEVELAND OH 44115	
5.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	THOMAS J PUETTE	
5.3 STREET ADDRESS	925 EUCLID AVENUE	
5.4 CITY-ST-ZIP	CLEVELAND OH 44115	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

Date

(216)344-8179

Daytime Phone #

CR2E034 (11/98)