


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90780 016 \*\*\*150.00

**DOCUMENT # P14681**

1. Entity Name  
**THE GLIDDEN COMPANY**



Principal Place of Business <b>925 EUCLID AVENUE SUITE 900 CLEVELAND, OH 44115-1401 US</b>	Mailing Address <b>925 EUCLID AVENUE TAX DEPT CLEVELAND, OH 44115-1401 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04072004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>51-0290518</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

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

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	MC ADAM, JOHN D	
STREET ADDRESS	WEXHAM RD	
CITY-ST-ZIP	SLOUGH BERKS, ENGLAND.	
TITLE	P	<input type="checkbox"/> Delete
NAME	PORCELLATO, LARRY	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND, OH 44115	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LAWSON, GRANT A	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND, OH	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JUCHA, DAVID	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND, OH 44115	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HAGGERTY, JOHN J	
STREET ADDRESS	925 EUCLID AVE	
CITY-ST-ZIP	CLEVELAND, OH 44115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Sarka	
STREET ADDRESS	925 Euclid Ave	
CITY-ST-ZIP	Cleveland, OH 44115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_