


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-01-2005 90002 019 ***150.00
P14681

DOCUMENT # P14681
1. Entity Name
THE GLIDDEN COMPANY



FILED

06 JAN 20 PM 12:10

SECRETARY STATE
TALLAHASSEE, FLORIDA

Handwritten signature

Principal Place of Business: 925 EUCLID AVENUE, SUITE 900, CLEVELAND, OH 44115-1401 US
Mailing Address: 925 EUCLID AVENUE, TAX DEPT, CLEVELAND, OH 44115-1401 US



2. Principal Place of Business: 15885 W Sprague Rd
3. Mailing Address: HQE - Tax Dept
Suite, Apt. #, etc: 15885 W. Sprague Rd

06132005 Chg-P CR2E034 (10/03)

City & State: Strongsville, OH
City & State: Strongsville, OH
Zip: 44136 Country: USA

4. FEI Number: 51-0290518
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: General Council, Secretary/Director NAME: Steven M. Bradford STREET ADDRESS: 15885 W. Sprague Rd CITY-ST-ZIP: Strongsville, OH 44136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: President, Director NAME: _____ STREET ADDRESS: 15885 W Sprague Rd CITY-ST-ZIP: Strongsville, OH 44136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: Asst. Treasurer NAME: Clark Mamie STREET ADDRESS: 15885 W. Sprague Rd CITY-ST-ZIP: Strongsville, OH 44136	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CFO * Director NAME: _____ STREET ADDRESS: 15885 W. Sprague Rd CITY-ST-ZIP: Strongsville, OH 44136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP-HR * Director NAME: Charles SARKA STREET ADDRESS: 15885 W. Sprague Rd CITY-ST-ZIP: Strongsville, OH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Clark Mamie Clark Mamie 6/24/05 (440)297-8138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Rejected in error on 7/5/05. Corp. didn't received reject letter.