## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P14681

Entity Name: THE GLIDDEN COMPANY

FILED Apr 14, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
	SPRAGUE RD. VILLE, OH 44					
Current Mailing Address:				New Mailing Address:		
HQE - TAX DEPT. 15885 W. SPRAGUE RD. STRONGSVILLE, OH 44136						
FEI Number:	51-0290518	FEI Number Applied For ( )	FEI Num	nber Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:						
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:		Delete EVEN M VE.		Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Addition BOUTS, ERIK 15885 W SPRAGUE RD STRONGSVILLE, OH 44136 US	
Title: Name: Address: City-St-Zip:	SCHOENING, M 15885 W. SPRA			Title: Name: Address: City-St-Zip:	DVP (X) Change ( ) Addition LOOSE, DAVID J 15885 W. SPRAGUE RD. STRONGSVILLE, OH 44136 US	
Title: Name: Address: City-St-Zip:	SHANBHAG, AS 15885 W. SPRA			Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	KRUEGER, WIL 15885 W. SPRA			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AS () CURRAN, BARE 1000 UNIQEMA NEW CASTLE, I	BLVD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	DVPT ( ) Change (X) Addition MCKINLEY, CATHERINE M 15885 W SPRAGUE RD STRONGSVILLE, OH 44136	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA S CURRAN AS 04/14/2008