

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

**FILED**

**May 15 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P36920 (7)**  
1. Corporation Name  
**CORNING CONSUMER PRODUCTS COMPANY**



Principal Place of Business  
**ONE RIVERFRONT PLAZA  
HQ-E1-M26  
CORNING NY 14831  
US**

Mailing Address  
**ONE RIVERFRONT PLAZA  
HQ-E1-M26  
CORNING NY 14831-0001  
US**

3. Date Incorporated or Qualified **01/02/1992** 3a. Date of Last Report **02/13/1996**  
4. FEI Number **16-1403318** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH 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 \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CLARK, S K	
STREET ADDRESS	SOUTHEAST 5TH STREET	
CITY-ST-ZIP	CORNING NY	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	LOOSE, JOHN W.	
STREET ADDRESS	2 FOX LANE	
CITY-ST-ZIP	PAINTED POST NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	O'BRIEN, THOMAS C.	
STREET ADDRESS	38 W. FIFTH STREET	
CITY-ST-ZIP	CORNING NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, DAWN M.	
STREET ADDRESS	41 MIGATE CIRCLE	
CITY-ST-ZIP	ITHACA NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLUMER, THOMAS E.	
STREET ADDRESS	49 SUMMIT AVE.	
CITY-ST-ZIP	CORNING NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCHNEIDER, PAMELA C.	
STREET ADDRESS	2911 HICKOK ROAD	
CITY-ST-ZIP	CORNING NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KINLIN, CLARK S
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CEO, PRESIDENT
2.3 STREET ADDRESS	CAMPANELLA, PETER F
2.4 CITY-ST-ZIP	601 FOSTER AVE. ELMIRA, NY 14905
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP, TREASURER, CFO
4.3 STREET ADDRESS	FROCK, KIM
4.4 CITY-ST-ZIP	10806 HIDDEN MEADOW TRAIL CORNING, NY 14830
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	RAUSCHER, DAVID G
5.4 CITY-ST-ZIP	26 SKYLINE DRIVE CORNING, NY 14830
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	GORDON, TWILVER
6.4 CITY-ST-ZIP	1217 VALLEY VIEW DR. ELMIRA HEIGHTS, NY 14903

14. I do 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.

SIGNATURE: \_\_\_\_\_

CR2E034 (9/96)