FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **804936** **(3)**

1. Corporation Name
ARMSTRONG WORLD INDUSTRIES, INC.

Principal Place of Business	Mailing Address
LIBERTY & CHARLOTTE STREETS LANCASTER PA 17604	LIBERTY & CHARLOTTE STREETS LANCASTER PA 17604

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/09/1938**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: **23-0366390** ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☒ Change ☐ Addition
NAME	ADAMS, WILLIAM W.	1.2 NAME		
STREET ADDRESS	11 SPRING DELL RD.	1.3 STREET ADDRESS	Retired	
CITY-ST-ZIP	LANCASTER PA	1.4 CITY-ST-ZIP		
TITLE	EVD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEAVER, E. A.	2.2 NAME		
STREET ADDRESS	121 WINDOVER TURN	2.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SILLS, R. A.	3.2 NAME		
STREET ADDRESS	1942 KENDALE PLACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE	P/C/D	☒ Change ☐ Addition
NAME	LORCH GEORGE A.	4.2 NAME		
STREET ADDRESS	250 ESHELMAN RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA	4.4 CITY-ST-ZIP		
TITLE	SVP	5.1 TITLE		☐ Change ☐ Addition
NAME	WIMER, WILLIAM J.	5.2 NAME		
STREET ADDRESS	11 DOE RUN LANE	5.3 STREET ADDRESS		
CITY-ST-ZIP	LANCASTER PA	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	HENDRIX, STEPHEN C	6.2 NAME		
STREET ADDRESS	191 VALLEY STREAM LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R A Sills ROBERT A. SILLS 4/25/95 717-396-2446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0486244 FN