

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813492

1. Entity Name

OWENS CORNING

FILED
Jun 02, 2000 8:00 am
Secretary of State

06-02-2000 90001 030 ***150.00

Principal Place of Business

Mailing Address

ONE OWENS CORNING PKWY
TOLEDO, OH
43659

ONE OWENS CORNING PKWY
TAX 3-G
TOLEDO, OHIO
43659

US

US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-4323452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

103928

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~GT CORPORATION~~
1200 S. Pine Island Road
Plantation, FL
33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Domenico Cecere V <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO, OH 43659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Steven Strobel T <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO, OH 43659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Glen Hiner P <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO, OH 43659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William F Dent V <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO, OHIO 43659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Michael Thaman CEO <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO OHIO 43659
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeffrey Wilke V <input type="checkbox"/> Change <input type="checkbox"/> Addition one OWENS CORNING PKWY TOLEDO, OH 43659

13. 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 11 or Block 12 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

William F Dent

Date

Daytime Phone #

4/24/2000 (419) 248-8473

CR2E034 (9/99)