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 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 819893 (9)

1. Corporation Name
PITTSBURGH PLATE GLASS COMPANY

Principal Place of Business	Mailing Address
PRENTICE HALL CORPORATE SERVICE 15 COLUMBUS CIR. NEW YORK NY 10023-7708	PRENTICE HALL CORPORATE SERVICE 15 COLUMBUS CIR. NEW YORK NY 10023-7708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/21/1966
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business	2a. Mailing Address
21 375 HUDSON STREET	26 375 HUDSON STREET
Suite, Apt. #, etc. 22 11TH FLOOR	Suite, Apt. #, etc. 27 11TH FLOOR
City & State 23 NEWYORK, NEWYORK	City & State 28 NEWYORK, NEWYORK
Zip / Country 24 10014 / 25	Zip / Country 29 10014 / 30

4. FEI Number: 13-2572877 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	PD	11 TITLE	PD	X Change ☐ Addition
NAME	MARVIN, DALE K	12 NAME	RICHARD KUSHAY	
STREET ADDRESS	15 COLUMBUS CIR.	13 STREET ADDRESS	375 HUDSON STREET	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	NEWYORK, NEWYORK 10014	
TITLE	VPT	21 TITLE		☐ Change ☐ Addition
NAME	ASH, EILEEN	22 NAME		
STREET ADDRESS	15 COLUMBUS CIR.	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	AVP	31 TITLE		☐ Change ☐ Addition
NAME	KUSHAY, RICHARD	32 NAME		
STREET ADDRESS	15 COLUMBUS CIR.	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP		
TITLE	AVP	41 TITLE		☐ Change ☐ Addition
NAME	VAN NAME, JUDY	42 NAME	***PLEASE SEE ATTACHED RIDER***	
STREET ADDRESS	15 COLUMBUS CIR.	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP		
TITLE	ATV	51 TITLE		☐ Change ☐ Addition
NAME	CAMPANA, ANITA	52 NAME		
STREET ADDRESS	15 COLUMBUS CIR.	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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: EILEEN ASH/ Eileen Ash 4/25/95 212-463-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

0001900 CP

189893

OFFICERS

PRESIDENT	**RICHARD KUSHAY**
VICE PRESIDENT & SECRETARY	**EILEEN ASH**
VICE PRESIDENT & TREASURER	**ANITA CAMPANA**
ASST. VICE PRES. & ASST. SECRETARY	**JUDY VAN NAME**
ASST. VICE PRES. & ASST. TREASURER	**MARIA DOSCHER**

ALL TO:
375 HUDSON STREET
NEW YORK , NEW YORK
10014

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95