

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 819893

1. Entity Name

PITTSBURGH PLATE GLASS COMPANY

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90072 022 ***150.00

Principal Place of Business

Mailing Address

1013 CENTRE ROAD
SUITE 350
WILLMINGTON DE 19805
US

1013 CENTRE ROAD
SUITE 350
WILLMINGTON DE 19805-1265
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

13-2572877

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATE CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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
PTD
POPEO, WILLIAM G
1013 CENTRE ROAD
WILLMINGTON DE 19805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/ASST SECRETARY
1013 CENTRE RD, SUITE 350
U ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
MULLIGAN, LISA G
1013 CENTRE ROAD
WILLMINGTON DE 19805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP/ASSISTANT SECRETARY
KIMBERLY ANDRAS
1013 CENTRE RD
WILMINGTON, DE 19805 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BUTLER, DANIEL R
1013 CENTRE ROAD
WILLMINGTON DE 19805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WINN, BRUCE R
1013 CENTRE ROAD
WILLMINGTON DE 19805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
FLOWERS, MARY T
1013 CENTRE RD, #350
WILMINGTON DE 19805 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPAS
PELLETIER, JOHN H
2 WORLD TRADE CTR., RM. 8746
NEW YORK NY 10048 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

Kimberly Andras
KIMBERLY ANDRAS

302/636-15400