

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90047 027 ***150.00

00049249

DOCUMENT # 821769

Entity Name

NORANDEX INC.

Principal Place of Business

ONE OWENS CORNING
 Toledo, OH 43659

Mailing Address

ONE OWENS CORNING PKWY
 TAX 3-G
 Toledo, OH 43659

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

54-0790261

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION System
 1200 S. Pine Island Rd
 PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

OFFICERS AND DIRECTORS

☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Michael Thaman PD ☐ Change ☐ Addition
 One OWENS CORNING PKWY
 TOLEDO, OH 43659

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Steven Strobel ☒ Change ☐ Addition
 One OWENS CORNING PKWY
 Toledo, OH 43659

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Jeffrey S. Wilke S ☐ Change ☐ Addition
 One OWENS CORNING PKWY
 Toledo, OH 43659

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Dent, William F AS ☐ Change ☐ Addition
 One OWENS CORNING PKWY
 Toledo, OH 43659

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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

4/24/2000 (419) 248-8473

Date

Daytime Phone #

CR2E034 (9/99)