2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000286

FILED Mar 16, 2004 Secretary of State

Entity Name: SAINT-GOBAIN CERAMICS & PLASTICS, INC.

Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
P.O. BOX	WEDESFORD (860 FORGE, PA 19				
	Mailing Addre		New Mailing Add	ress:	
750 E OV	A/EDESEODD	DOAD	_		
P.O. BOX	WEDESFORD (860 FORGE, PA 19				
FEI Numbe	er: 13-1780510	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name an	d Address of	Current Registered Agent:	Name and Addres	ss of New Registered Agent:	
1200 SOL	PORATION SY JTH PINE ISLA TION, FL 3332	AND ROAD			
	e named entity te of Florida.	submits this statement for the	e purpose of changing its regist	ered office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered A	gent	Date	
Election Ca	ampaign Financir	ng Trust Fund Contribution ().			
OFFICER	RS AND DIREC	CTORS:	ADDITIONS/CHAI	NGES TO OFFICERS AND DIRECTOR	
Fitle: Name: Address: City-St-Zip:	FAUST, F. LEI 750 EAST SW	EDESFORD ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame: lddress: Sity-St-Zip:	VP (MASCARIN, D 750 EAST SW) Delete	Title: Name: Address: City-St-Zip:	() Change () Addition	
itle: lame:	STREIFF, CHE 750 EAST SW	EDESFORD ROAD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
City-St-Zip: Fitle: Name: Address:	AMOSS, GEO 750 EAST SW) Delete RGE B. /EDESFORD RD GE, PA 19482	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: City-St-Zip:	AMOSS, GEO 750 EAST SW VALLEY FORG D (LAZARD, ROL 750 EAST SW	RGE B. (EDESFORD RD GE, PA 19482) Delete	Name: Address:	()Change ()Addition ()Change ()Addition	

Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. LEE FAUST VP 03/16/2004