

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90212 037 ***150.00

DOCUMENT # F95000000286

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



Principal Place of Business
750 E. SWEDESFORD ROAD
P.O. BOX 860
VALLEY FORGE PA 19482

Mailing Address
750 E. SWEDESFORD ROAD
P.O. BOX 860
VALLEY FORGE PA 19482

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

4. FEI Number 13-1780510 **Applied For**
Not Applicable

Zip **Country** **Zip** **Country**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FAUST, F. LEE		NAME		
STREET ADDRESS	750 EAST SWEDESFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MASCARIN, DAVID		NAME		
STREET ADDRESS	750 EAST SWEDESFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STREIFF, CHRISTIAN		NAME		
STREET ADDRESS	750 EAST SWEDESFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AMOS, GEORGE B.		NAME		
STREET ADDRESS	750 EAST SWEDESFORD RD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAZARD, ROLAND		NAME		
STREET ADDRESS	750 EAST SWEDESFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARKINS, JAMES F. J		NAME		
STREET ADDRESS	750 EAST SWEDESFORD ROAD		STREET ADDRESS		
CITY-ST-ZIP	VALLEY FORGE PA 19482		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: F. Lee Faust, Vice President **3/28/2003** **610 341 7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)