

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

0549690

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004378

1. Corporation Name
T ACQUISITION, INC.



Principal Place of Business
ONE OWENS CORNING PKWY
TOLEDO OH 43659

Mailing Address
ONE OWENS CORNING PKWY
TOLEDO OH 43659

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

07/31/1998

4. FEI Number

34-1864053

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE PD
NAME BOOKS, RHONDA L
STREET ADDRESS 7558 WIND RIVER ROAD
CITY-ST-ZIP SYLVANIA OH

1.1 TITLE
1.2 NAME BROOKS, RHONDA L.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V
NAME LECORCHICK, THOMAS R
STREET ADDRESS 8922 OAK VALLEY ROAD
CITY-ST-ZIP TOLEDO OH

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME MIRRA, EDWARD J
STREET ADDRESS 5536 GOLF CREEK DRIVE
CITY-ST-ZIP TOLEDO OH

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T
NAME MILLER, MICHAEL I
STREET ADDRESS 4828 HIGH OAKS BLVD
CITY-ST-ZIP TOLEDO OH

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S
NAME DENT, WILLIAM F
STREET ADDRESS 4304 EAGLEHURST
CITY-ST-ZIP SYLVANIA OH

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE AS
NAME JARVELA, DENNIS L
STREET ADDRESS 2045 BYRONWAY WEST
CITY-ST-ZIP MAUMEE OH

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

ASSISTANT SECRETARY
JOHN W. CHRISTY
ONE OWENS CORNING PKWY
TOLEDO, OHIO 43659

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 (419) 248-8000

CR2E034 (11/98)