

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90004 040 ***150.00

DOCUMENT # F 98000004378

1. Entry Name

T Acquisition

Principal Place of Business

ONE OWENS CORNING PKWY
 Toledo, OH 43659

Mailing Address

ONE OWENS CORNING PKWY
 Toledo, OH 43659

7-3-2-2-8-1

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

34-1864053

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 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.

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

TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	Brooks, Rhonda L. PD
STREET ADDRESS	ONE OWENS CORNING PKWY
CITY-ST-ZIP	TOLEDO, OH 43659
TITLE	☐ Change ☐ Addition
NAME	Smith, Maura J. Abeln D
STREET ADDRESS	one owens CORNING PKWY
CITY-ST-ZIP	TOLEDO, OH 43659
TITLE	☐ Change ☐ Addition
NAME	Cecere, Domenico D.
STREET ADDRESS	one owens CORNING PKWY
CITY-ST-ZIP	TOLEDO, OH 43659
TITLE	☐ Change ☐ Addition
NAME	DENT, William S
STREET ADDRESS	ONE OWENS CORNING PKWY
CITY-ST-ZIP	TOLEDO, OH 43659
TITLE	☐ Change ☐ Addition
NAME	LECORCHICK, Thomas R V
STREET ADDRESS	one owens CORNING PKWY
CITY-ST-ZIP	Toledo, OH 43659
TITLE	☐ Change ☐ Addition
NAME	MIRRA, EDWARD V
STREET ADDRESS	ONE OWENS CORNING PKWY
CITY-ST-ZIP	TOLEDO, OH 43659

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

William F Dent

Date

Daytime Phone #

4/24/2000 (419) 248-8473