

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
199 8



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 19 1998 8:00am  
Secretary of State

DOCUMENT # P34087 (7)  
1. Corporation Name  
VERTROTEX CERTAINTED CORPORATION

Principal Place of Business  
750 E. SWEDES FORD ROAD  
VALLEY FORGE PA 19482  
US

Mailing Address  
P.O. BOX 860  
VALLEY FORGE PA 19482-0860  
US

3. Date Incorporated or Qualified 05/24/1991	3a. Date of Last Report 05/01/1997
4. FEI Number 23-2644476	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 the applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOC CACCINI, GIAN P 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached list
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FAUST, F. LEE 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VRO KRAUTZ, FRED G 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGS DECKER, THOMAS A 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400002530854 -05/21/98--01004--012 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO MATTSON, BRADFORD C 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANE, D. RONALD 750 E SWEDES FORD ROAD VALLEY FORGE PA 19482 <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0713(1), 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.

SIGNATURE: \_\_\_\_\_ F.L. Faust Vice President - Tax 4/24/98 (610) 341-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)

**VETROTEX CERTAINTEED CORPORATION  
CORPORATE OFFICERS**

**Board of Directors:**

**Gianpaolo Caccini**

**Roberto Caliarì**

**Jean-Paul Dalle**

**Business Address is:  
750 East Swedesford Road  
Valley Forge, Pennsylvania 19482**

**Revision Date: 3/3/97**

**VETROTEX CERTAINTED CORPORATION  
CORPORATE OFFICERS**

**Chairman & Chief Executive Officer**

Robert Caliarì

**President & Chief Operating Officer**

Jean-Paul Dalle

**Vice President, Manufacturing**

D. Ronald Lane

**Finance Vice President**

Bruce B. Parker

**Vice President, Marketing & Sales**

David E. Sharpe

**Vice President, Research & Development**

Fred G. Krautz

**Vice President**

George B. Amoss  
F. Lee Faust

**Vice President and Treasurer**

James F. Harkins, Jr.

**Secretary**

John R. Mesher

**Assistant Secretary**

Carol M. Gray  
Stephen L. Borst

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Valley Forge, Pennsylvania 19482