

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 37896 (8) 1. Corporation Name <b>THE DRUMMOND GLASS COMPANY</b>			
Principal Place of Business <b>355 OUTLET AVE                  EDDYVILLE, KY 42038</b>		Mailing Address <b>PO BOX 10060                  TOLEDO, OH 43699-0060</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 Zip Country		3. Date Incorporated or Qualified <b>03/13/1992</b> 4. FEI Number <b>34-1700383</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Principal Place of Business 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28 Zip Country		3a. Date of Last Report <b>4/18/95</b> Applied For Not Applicable 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION                  1200 SOUTH PINE ISLAND RD                  PLANTATION, FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO and Director Meyer, J.F. 420 Madison Ave Toledo, OH 43604	11 TITLE 12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 13 STREET ADDRESS 14 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP and Director Fetter, R.R. 420 MADISON AVE TOLEDO, OH 43604	21 TITLE 22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 23 STREET ADDRESS 24 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP and Director Ashton, L.S. 420 MADISON AVE TOLEDO, OH 43604	31 TITLE 32 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 33 STREET ADDRESS 34 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP and Director Reynolds, R.I. 420 MADISON AVE TOLEDO, OH 43604	41 TITLE 42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 43 STREET ADDRESS 44 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASST SECRETARY/ASST. TREASURER MARK E. SONGER 420 MADISON AVE TOLEDO, OH 43604	51 TITLE 52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 53 STREET ADDRESS 54 CITY - ST - ZIP	600001807886 -05/06/96-01008-836 ***400.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY Arthur H. Smith 420 MADISON AVE TOLEDO, OH 43604	61 TITLE 62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition 63 STREET ADDRESS 64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: <u>MARK E. SONGER</u> ASST TREAS 4-23-96 4197272135 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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**Florida 1996 Corporation Annual Report**

**Libbey Glass Inc.  
Document #P14053 (3)  
FIN: 22-2784107**

Attachment to Item 12 Listing of Officers and Directors

Officer    X Director    X  
Wilkes, K G  
Treasurer  
420 Madison Ave., Toledo, Ohio 43604

Officer    X Director  
Songer, M E  
Assistant Secretary/Assistant Treasurer  
420 Madison Ave., Toledo, Ohio 43604