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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P37896 (8)
1. Corporation Name
THE DRUMMOND GLASS COMPANY



Principal Place of Business: 355 OUTLET AVE, EDDYVILLE KY 42038-4016 US
Mailing Address: PO BOX 10060, TOLEDO OH 43689-0060 US

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 05/01/1996
4. FEI Number: 34-1700383
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 300 MADISON AVENUE, 22 Suite, Apt. #, etc., 23 Toledo OHIO, 24 Zip 43604, 25 Country US
2a. Mailing Address: 26 PO BOX 10060, 27 Suite, Apt. #, etc., 28 Toledo OHIO, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH 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

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

TITLE	CEOD	<input type="checkbox"/> DELETE
NAME	MEIER, J F	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FALTER, R R	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ASHTON, L S	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REYNOLDS, R I	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	ASAT	<input type="checkbox"/> DELETE
NAME	SONGER, MARK E	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SMITH, ARTHUR H	
STREET ADDRESS	420 MADISON AVE	
CITY-ST-ZIP	TOLEDO OH 43604	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	300 MADISON AVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	300 MADISON AVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	300 MADISON AVE
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	300 MADISON AVE
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	300 MADISON AVE
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	300 MADISON AVE
6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Mark Songer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 4-22-97
DAYTIME PHONE #: 419 325 2135

CR2E034 (9/96)