

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000083129 (4)

1. Corporation Name

PPG ACQUISITION COMPANY

Principal Place of Business

2400 E. COMMERCIAL BLVD.  
#315  
FORT LAUDERDALE FL 33308

Mailing Address

ATTN: TAX DEPARTMENT  
P.O. BOX 15309  
DURHAM NC 27704  
US

FILED  
May 01 1996 8:00am  
Secretary of State



|                                |  |                        |  |                                                                                                                                                                |  |                                       |  |
|--------------------------------|--|------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified<br>11/14/1994                                                                                                                |  | 3a. Date of Last Report<br>05/01/1995 |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 4. FEI Number<br>65-0530846                                                                                                                                    |  | Applied For<br>Not Applicable         |  |
| 22 City & State                |  | 27 City & State        |  | 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                      |  | \$8.75 Additional<br>Fee Required     |  |
| 23 Zip                         |  | 28 Zip                 |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>                                                                             |  | \$5.00 May Be<br>Added to Fees        |  |
| 24 Country                     |  | 29 Country             |  | 8. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                                       |  |

9. Name and Address of Current Registered Agent

BERGER, JAMES L  
100 N.E. 3RD AVE.  
SUITE 100  
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

|                                                       |             |
|-------------------------------------------------------|-------------|
| 81 Name                                               | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83                                                    |             |
| 84 City                                               | FL          |

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's signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                              |
|----------------------------|-----------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | PD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | BIRCH, WALTER E                               | 1.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2400 E. COMMERCIAL BLVD., STE. 315            | 1.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | FT LAUDERDALE FL                              | 1.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | ST <input type="checkbox"/> DELETE            | 2.1 TITLE                                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BAUER, ANNETTE                                | 2.2 NAME                                              |                                                                              |
| STREET ADDRESS             | 2400 E. COMMERCIAL BLVD., STE. 315            | 2.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                | FT. LAUDERDALE FL 33308                       | 2.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 3.1 TITLE                                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                               | 3.2 NAME                                              | AS                                                                           |
| STREET ADDRESS             |                                               | 3.3 STREET ADDRESS                                    | SNEDEKER, ANGELA M.                                                          |
| CITY-ST-ZIP                |                                               | 3.4 CITY-ST-ZIP                                       | 2828 CROASDAILE DRIVE                                                        |
| TITLE                      | <input type="checkbox"/> DELETE               | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 4.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 4.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 4.4 CITY-ST-ZIP                                       |                                                                              |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 5.2 NAME                                              |                                                                              |
| STREET ADDRESS             |                                               | 5.3 STREET ADDRESS                                    | 800001829338                                                                 |
| CITY-ST-ZIP                |                                               | 5.4 CITY-ST-ZIP                                       | -05/20/96--01047--003                                                        |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                               | 6.2 NAME                                              | ***200.00                                                                    |
| STREET ADDRESS             |                                               | 6.3 STREET ADDRESS                                    |                                                                              |
| CITY-ST-ZIP                |                                               | 6.4 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: Angela M. Snedeker ANGELA M. SNEDEKER 4-26-96 (919) 383-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

5/1/96