

1.) CORPORATION NAME:

Pilkington North America, Inc.

DUE DATE: **6/30/2011**

SCC ID NO: **F1005703**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	1,000
COMBV	50
PREFA	350

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 811 MADISON AVENUE
ATTN: TAX DEPT

CITY/ST/ZIP: TOLEDO, OH 43604-5684

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	M. FALLON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	811 MADISON AVE		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604-		
NAME:	ALAN R GRAHAM	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	811 MADISON AVENUE		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604-5684		
NAME:	WILLIAM N. MCCREARY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	811 MADISON AVENUE		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604-5684		
NAME:	SHARRI BURMEISTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	811 MADISON AVE		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604-		
NAME:	ANTHONY SHAW	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	811 MADISON AVE		
CITY/ST/ZIP/CO:	TOLEDO, OH 43604-5684		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	R A ALTMAN PRESIDENT 811 MADISON AVENUE TOLEDO, OH 43604-5684	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD FRAMPTON VICE PRESIDENT 811 MADISON AVE TOLEDO, OH 43604-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DALE VERMILYA TREASURER 811 MADISON AVE TOLEDO, OH 43604-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	---	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	YOHKO MINOWA ASST SECRETARY 811 MADISON AVE TOLEDO, OH 43604-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	--	---	-----------------------------------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ SHARRI BURMEISTER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SHARRI BURMEISTER, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/14/2011 DATE
---	---	-------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.