

1.) CORPORATION NAME:

Pilkington North America, Inc.

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1005703**

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.

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|--|---|--|
| NAME: R A ALTMAN TITLE: VICE PRESIDENT ADDRESS: 811 MADISON AVENUE CITY/ST/ZIP/CO: TOLEDO, OH 43604-5684 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: RICHARD FRAMPTON TITLE: PRESIDENT ADDRESS: 811 MADISON AVE CITY/ST/ZIP/CO: TOLEDO, OH 43604 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ALAN R GRAHAM TITLE: COB, VP, SECRET ADDRESS: 811 MADISON AVENUE CITY/ST/ZIP/CO: TOLEDO, OH 43604-5684 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WILLIAM N. MCCREARY TITLE: VICE PRESIDENT ADDRESS: 811 MADISON AVENUE CITY/ST/ZIP/CO: TOLEDO, OH 43604-5684 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: SHARRI BURMEISTER TITLE: ASST SECRETARY ADDRESS: 811 MADISON AVE CITY/ST/ZIP/CO: TOLEDO, OH 43604 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME: STEPHEN KIRWEN TITLE: TREASURER ADDRESS: 811 MADISON AVE CITY/ST/ZIP/CO: TOLEDO, OH 43604 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |

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|--|--|-------------------|-------------------------------------|----------|
| NAME: DALE N VERMILYA TITLE: VP & CFO ADDRESS: 811 MADISON AVE CITY/ST/ZIP/CO: TOLEDO, OH 43604-5684 | <input checked="" type="checkbox"/> | OFFICER | <input checked="" type="checkbox"/> | DIRECTOR |
| NAME: DAVID BARCHICK TITLE: DIRECTOR ADDRESS: 811 MADISON AVE. CITY/ST/ZIP/CO: TOLEDO, OH 43604-5684 | <input type="checkbox"/> | OFFICER | <input checked="" 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 | 6/22/2012 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. | | | | |