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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
000065271	THE GLIDDEN COMPANY

3. Street Address Principal Business Office	City	State	Zip
525 W. VAN BUREN ST.	CHICAGO	IL	60607

4. Business Phone No.	5. State of Incorporation
312-544-7078	DE

6. Brief Description of the Character of Business Conducted in Rhode Island
SALE OF PAINT AND RELATED PRODUCTS THROUGH RETAIL STORES

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☑ **FILL IN SPACES BEFORE USING ATTACHMENTS** (NO ATTACHMENT RECEIVED) MNC

President Name	Vice President Name
ERIK BOUTS	DAVID J. LOOSE
Street Address: 15885 W. SPRAGUE RD.	Street Address: 15885 W. SPRAGUE RD.
City: STRONGSVILLE, State: OH, Zip: 44136	City: STRONGSVILLE, State: OH, Zip: 44136
Secretary Name: BARBARA S. CURRAN	Treasurer Name: CATHERINE M. McKINLEY
Street Address: 1000 UNIQEMA BLVD., BUILDING L-14	Street Address: 15885 W. SPRAGUE RD.
City: NEW CASTLE, State: DE, Zip: 19720	City: STRONGSVILLE, State: OH, Zip: 44136

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
ERIK BOUTS	DAVID J. LOOSE
Street Address: 15885 W. SPRAGUE RD.	Street Address: 15885 W. SPRAGUE RD.
City: STRONGSVILLE, State: OH, Zip: 44136	City: STRONGSVILLE, State: OH, Zip: 44136
Director Name: CATHERINE M. McKINLEY	Director Name:
Street Address: 15885 W. SPRAGUE RD.	Street Address:
City: STRONGSVILLE, State: OH, Zip: 44136	City: , State: , Zip:

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9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100.00	CWP	$1.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature 2-19-09 *Date*

JAMES J. JACKSON
Print or Type Name

[redacted] ASSISTANT TREASURER, TAX
Title

File Date 2-25-09
Check No. 10078127
By: MNC

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31389-20-351257

Form 630 Rev. 08/08