

FILE NAME: Owens Illinois (OWILL)

DATE: 2000

DOC#: OWILL101

DOCUMENT DESCRIPTION: Legal - Canceled Check & Amended Affidavit of Shaw  
in OI vs. T&N

"161660" :0539011981: "04032 2407201 1533000041735"

CATALYTIC BUSINESS FORMS 8031 256-2044






APR - 5 - 01 THU 16:05

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1

44-1987-Sub C-100-1  
1st, 67-68-73, Mr. H.  
1942-7-12-25-197-1000

0539-000876  
: 00000000000000000000



APR - 5-81 THU 16:05

NELSON, MULLINS, RILEY & SCARBOROUGH  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF S.C.  
COLUMBIA S.C.

67 119  
530

174499

June 1, 1993

PAY One Thousand Five Hundred Seventy Five & 0/100 DOLLARS / \$\*1,575.00

TO  
THE  
ORDER  
OF

J.C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital Penarth  
Glamorgan, United Kingdom

NELSON, MULLINS, RILEY & SCARBOROUGH

2000000000 06-10-93 1000000000 2

#174499# 053501198# 04032 24077\*01 70000157500

DATA TEC BUSINESS FORMS (403) 256 204

NATIONAL BANK OF SOUTH CAROLINA  
0512-0000-6  
001030490156 61093

0534-0000-9  
0534-0000-9  
0000000000 09 16 00 00 00 00 00 00 00 00  
1021001030 BANKERS TRUST  
181 06/09/93 NY, NY  
PLAZA 212-250-4117 10006  
32407000  
32407000

Received for Mac credit  
of Mac credit of 500000

100090295 04-08-93 005

W. D. W. D. W. D.

Lloyds Bank  
1 Windsor Rd  
Penarth  
S. Glam.  
CF64 1TB

[illegible]

00001 1118-627-712 73700  
ADL 12M 06/10/99 181  
ISSN# 0000000000000000

10-10-68

0 50 86 24 0

5-8000-6550

NELSON, MULLINS, RILEY & SCARBOROUGH  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF SC  
COLUMBIA SC

67119  
339

164663

January 6, 1993

PAY Seven Thousand Five Hundred & 0/100

DOLLARS / \$ \*7,500.00

TO  
THE  
ORDER  
OF

J.C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital Penarth  
Glanorgan, United Kingdom

NELSON, MULLINS, RILEY & SCARBOROUGH

100101541 01-15-93 0001 1

*[Signature]*

164663 0053901198 004032 2607701 00000750000

*Lepus sylv.*

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 08-26-2009 BY 60322 UCBAW

**FBI**

● ●  
● ●  
● ●  
● ●

THE UNIVERSITY OF CHICAGO

NELSON, MULLINS, RILEY & SCARBOROUGH  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF S.C.  
COLUMBIA, S.C.

67 19  
539

164624

January 5, 1993

PAY Eighty Eight & 0/100

DOLLARS / \$ 88.00

TO  
THE  
ORDER  
OF

J.C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital Penarth  
Glamorgan, United Kingdom

NELSON MULLINS RILEY & SCARBOROUGH

100101542 01-15-93 005 01 1001 1

⑈164624⑈ ⑈053901198⑈ ⑈04032 24077⑈01 ⑈0000008800⑈

THE UNIVERSITY OF CHICAGO

100-101641-101-15-93

102101030 OWNERS TRUST  
1 BT 01/14/93 NY, NY  
DATA 212-234-4117 10006  
EC 01/04/93

B C  
B C  
L. de la H. B.

100060507 10-00-58  
 CS34-0008-7  
 2727312  
 100060507 10-00-58  
 CS34-0008-7  
 2727312

30 1000  
J.C. 1000  
RECEIVED  
RECEIVED  
RECEIVED

NELSON, MULLINS, RILEY & SCARBOROUGH

ATTORNEYS AND COUNSELORS AT LAW

P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF S.C.  
COLUMBIA, S.C.

67-119  
339

151397

June 30, 1992

PAY Seven Thousand Five Hundred & 0/100

DOLLARS / \$7,500.00

TO  
THE  
ORDER  
OF

J.C. Hagner, M.D.  
HRD, External Staff  
Glendora Road, Suite 200  
Clemson, South Carolina

NELSON, MULLINS, RILEY & SCARBOROUGH

60057919 07-10-92 003 06 0001 1

*[Signature]*

10559011980 004032 24077001 000007500000

DATA TEC BUSINESS FORMS (803) 756 3044

P-12  
APR-5-91 THU 16:11



NELSON, MULLINS, RILEY & SCARBOROUGH  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

PAY Seven Thousand Five Hundred & 0/100

DOLLARS \$7,500.00

TO  
T-40  
ORDER  
2

J.C. Wagner, M.D., HRC External S  
Llandough Hospital, Penarth  
Wlamorgan, United Kingdom  
LFA 1XW

NELSON MULLINS RILEY & SCARBOROUGH

INFO PURPOSES ONLY

209880482 09-17-90 004 09-0880-2

\*111866\* 00539011980 #04012 24077#01 /0000750000

J.C. Wagner M.D.

J.C. Wagner

0530-00183

AG 17 00  
0530-00183

1 Wm. R. KJ  
Penarth  
6 Giam  
CF6 1YR

NELSON, MULLINS, RILEY & SCARBOROUGH  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF S.C.  
COLUMBIA, S.C.  
130246

July 12, 1991

PAY Seven Thousand Five Hundred & 0/100 ~~XXXXXXXXXXXXXXXXXXXX~~ DOLLARS / \$ 7,500.00

TO  
THE  
ORDER  
OF

J. Christopher Wagner, M.D.

NELSON, MULLINS, RILEY & SCARBOROUGH

INFO PURPOSES ONLY

206151530 07-28 1991 0761 2

130246 10519011981 104032 2407701 1000050000

Received for the credit  
of the account of  
Christopher Wagner M.D.  
Lloyds Bank Plc  
1 Windsor Rd.  
Peasmarsh  
E. Giam.  
176 1YR

J. Christopher Wagner M.D.

J. C. Wagner

10519011981 PAY TO THE ORDER OF  
LLOYDS BANK PLC COLLECTION ONLY LLOYDS BANK PLC BOSTON  
10519011981 104032 2407701 1000050000  
10519011981 104032 2407701 1000050000

DATA RECORDING SYSTEM - 10/1/79

NELSON, MULLINS, RILEY &amp; SCARBOROUGH

ATTORNEYS AND COUNSELORS AT LAW

P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINATHE NATIONAL BANK OF S.C.  
COLUMBIA, S.C.

134346

09/25/91

PAY Seven Thousand Five Hundred & 0/100 DOLLARS \$ 7,500.00TO  
THE  
ORDER  
OFJ.C. Wagner, M.D., MRC External  
Llandough Hospital, Penarth  
Glamorgan, United Kingdom  
CF6 1XW

NELSON, MULLINS, RILEY &amp; SCARBOROUGH

INFO PURPOSES ONLY

\*134346\* 005190119807040312102101310000750000

NATIONAL BANK

1572-000000

10/1/79

J.C. Wagner, M.D., MRC External  
Llandough Hospital, Penarth  
Glamorgan, United Kingdom  
CF6 1XW

10/1/79

10/1/79

10/1/79

10/1/79

10/1/79

J.C. Wagner, M.D., MRC External  
Llandough Hospital, Penarth  
Glamorgan, United Kingdom  
CF6 1XW

03575802

**NELSON, MULLINS, RILEY & SCARBOROUGH**  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11670  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF & C  
LOS ANGELES, CA

**INFO PURPOSES ONLY 151397**

June 30, 1992

PAY Seven Thousand Five Hundred & 0/100 DOLLARS / \$7,500.00

TO THE ORDER OF  
J.C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital Penarth  
Glamorgan, United Kingdom

151397 0539011992 04012 2601201 0000750000

*J.C. Wagner M.D.*  
*J.C. Wagner*

Penarth, Glamorgan  
SA11 1TB  
SOUTH GLAMORGAN  
CTA 17R

MEMORANDUM  
DATE 07-10-92  
0539-0000-1  
100051919 07-10-92  
32391201

NOTE: THIS CHECK IS NON-NEGOTIABLE  
 PAY TO THE ORDER OF Dr. J.C. Wagner  
 \$10,000.00  
 TEN THOUSAND DOLLARS  
 DATE December 9, 1966  
 SIGNED [Signature]  
 N. MULLINE, JR., President  
 12-22-66 004 12 0727 1000000  
 INFO PURPOSES ONLY  
 #047522# 00539011986 #04032 24077#01

Dr. S. C. Lloyd

| NELSON, MULLEN, RILEY & SCARBROUGH |  | COLUMBIA, SOUTH CAROLINA |  |
|------------------------------------|--|--------------------------|--|
| ATTORNEYS AND COUNSELORS AT LAW    |  | COLUMBIA, SOUTH CAROLINA |  |
| P.O. BOX 11070                     |  | COLUMBIA, SOUTH CAROLINA |  |
| PAY TO THE ORDER OF                |  | 077406                   |  |
| NINE THOUSAND & 00/100 DOLLARS     |  | 1980                     |  |
| J. G. Wagner, M.D.                 |  | COLUMBIA, SOUTH CAROLINA |  |
| INFO PURPOSES ONLY                 |  | COLUMBIA, SOUTH CAROLINA |  |
| 4429000004103                      |  | 1031893                  |  |
| 077406                             |  | 00539011498              |  |
| 01032424077                        |  | 01                       |  |
| 000000000000                       |  | 000000000000             |  |

[illegible]

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF SC  
COLUMBIA S.C.

67 119  
538

338438

May 22, 2000

140166586 06-26-00 0811 0620 16

Seven Thousand Five Hundred & 0/100

\$17,500.00

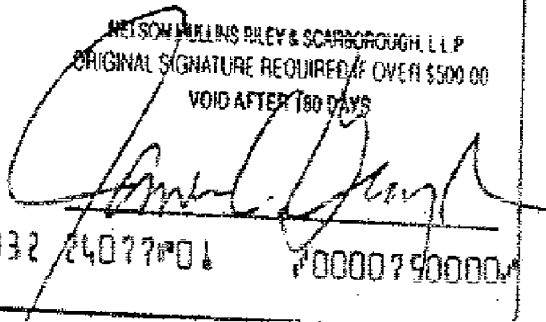
DOLLARS / \$

PAY

TO  
THE  
ORDER  
OF

J.C. Wagner, M.D.  
59 Coombe Valley Road  
Preston, Weymouth  
Dorset DT3 6NL

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.  
ORIGINAL SIGNATURE REQUIRED IF OVER \$500.00  
VOID AFTER 180 DAYS



#338438# 0539011981 #04032 24077#01 00000750000

Revised credited to Payson A/c

00110000 FRB COLUMBIA  
140166588 0539-0008-3  
140166588 06-26-00  
NATIONAL BANK OF SOUTH CAROLINA  
0532-0066-6  
0001011041618 20000539-0008-3 OWNERS TRUST  
LOT 46/23/00 NY, NY  
PLAZA 201-389-4825 10006

| DATE     | TIME  | FROM | TO  | REMARKS |
|----------|-------|------|-----|---------|
| 10/10/50 | 10:00 | 100  | 100 | 100     |
| 10/11/50 | 10:00 | 100  | 100 | 100     |
| 10/12/50 | 10:00 | 100  | 100 | 100     |
| 10/13/50 | 10:00 | 100  | 100 | 100     |
| 10/14/50 | 10:00 | 100  | 100 | 100     |
| 10/15/50 | 10:00 | 100  | 100 | 100     |
| 10/16/50 | 10:00 | 100  | 100 | 100     |
| 10/17/50 | 10:00 | 100  | 100 | 100     |
| 10/18/50 | 10:00 | 100  | 100 | 100     |
| 10/19/50 | 10:00 | 100  | 100 | 100     |
| 10/20/50 | 10:00 | 100  | 100 | 100     |
| 10/21/50 | 10:00 | 100  | 100 | 100     |
| 10/22/50 | 10:00 | 100  | 100 | 100     |
| 10/23/50 | 10:00 | 100  | 100 | 100     |
| 10/24/50 | 10:00 | 100  | 100 | 100     |
| 10/25/50 | 10:00 | 100  | 100 | 100     |
| 10/26/50 | 10:00 | 100  | 100 | 100     |
| 10/27/50 | 10:00 | 100  | 100 | 100     |
| 10/28/50 | 10:00 | 100  | 100 | 100     |
| 10/29/50 | 10:00 | 100  | 100 | 100     |
| 10/30/50 | 10:00 | 100  | 100 | 100     |
| 10/31/50 | 10:00 | 100  | 100 | 100     |

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.  
ATTORNEYS AND COUNSELORS AT LAW  
P.O. BOX 11070  
COLUMBIA, SOUTH CAROLINA

THE NATIONAL BANK OF SC  
COLUMBIA S.C.

67 119  
539

332708

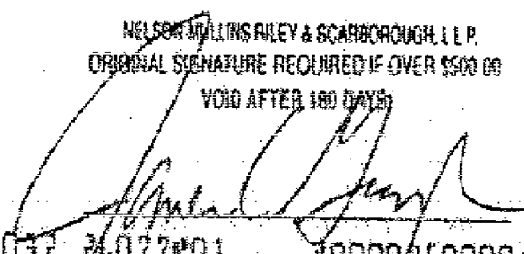
February 28, 2000

PAY Seven Thousand Five Hundred & 0/100 110077246 03-17-00 DOLLARS \$ 7,500.00

TO  
THE  
ORDER  
OF

J.C. Wagner, M.D.  
59 Coombe Valley Road  
Preston, Weymouth  
Dorset DT3 6NL

NELSON MULLINS RILEY & SCARBOROUGH, L.L.P.  
ORIGINAL SIGNATURE REQUIRED IF OVER \$500.00  
VOID AFTER 180 DAYS



⑈332708⑈ ⑈053901198⑈ ⑈04032 24077⑈01 ⑈0000750000⑈

J.C. Wagner

95 T 16MAR2000 1 00805 914320  
PAY TO THE ORDER OF BANKERS TRUST CO  
FOR COLLECTION LLOYDS BANK PLC BIRMINGHAM  
ANY PRIOR MISSING ENDORSEMENTS ARE UNLAWFUL  
00510000  
110077246 0539-0008-9  
110077246 03-17-00

110077246  
0539-0008-9  
03-17-00

NATIONAL BANK OF SOUTH CAROLINA  
0532-0066-6  
0001012037250 20000000  
ATLANTA, GA 30303  
3031732

APR - 01 THU 16:18

|                                                                                                                                                                                              |  |                                                                                                                              |                                                              |                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> VOID <input type="checkbox"/> CORRECTED                                                                                                                             |  | OMB No 1545-0115<br><br><b>1987</b><br><br>Statement for Recipients of                                                       |                                                              | Miscellaneous Income                                                                                                                                                                                           |
| PAYER'S name, street address, city, state, and ZIP code<br><b>Nelson, Mullins, Riley &amp; Scarborough</b><br><b>P. O. Box 11070</b><br><b>Columbia, SC 29211</b>                            |  |                                                                                                                              |                                                              |                                                                                                                                                                                                                |
| PAYER'S Federal identification number<br><b>57-0215445</b>                                                                                                                                   |  | RECIPIENT'S identification number                                                                                            |                                                              | Copy C<br>For Payer<br>or State Copy<br><br>For Paperwork<br>Reduction Act<br>Notice and<br>instructions for<br>completing this<br>form, see<br>Instructions for<br>Forms 1099<br>1098, 5498, 1096<br>and W-2G |
| RECIPIENT'S name, address, and ZIP code<br><b>J. C. Wagner, M. D.</b><br><b>MRC External Staff</b><br><br><b>Llandough Hospital, Penarth</b><br><br><b>Glamorgan, United Kingdom CF6 1XW</b> |  | 2 Royalties<br>\$                                                                                                            | 3 Prizes and awards<br>\$                                    |                                                                                                                                                                                                                |
| Account number (optional)                                                                                                                                                                    |  | 4 Federal income tax withheld<br>\$                                                                                          | 5 Fishing boat proceeds<br>\$                                | 6 Medical and health care payments<br>\$                                                                                                                                                                       |
|                                                                                                                                                                                              |  | 7 Nonemployee compensation<br>\$ <b>17700.00</b>                                                                             | 8 Substitute payments in lieu of dividends or interest<br>\$ |                                                                                                                                                                                                                |
|                                                                                                                                                                                              |  | 9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/> |                                                              |                                                                                                                                                                                                                |
|                                                                                                                                                                                              |  | 10 The amount in Box 7 is crop insurance proceeds <input type="checkbox"/>                                                   |                                                              |                                                                                                                                                                                                                |

Form 1099-MISC

Approved by U.S. Department of the Treasury—Internal Revenue Service 12-767100-1

Form **1042S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042S.

**1988**

OMB No. 1545-0046

**Copy D for  
Withholding Agent**

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Tax rate<br>(%) | (d)<br>Exemption<br>code | (e)<br>Tax withheld<br>(incl. of any tax collected) | (f)<br>Country<br>code | 4 Recipient code (see instructions) ▶         |
|------|-----------------------|--------------------------|------------------------|--------------------------|-----------------------------------------------------|------------------------|-----------------------------------------------|
| 1    | 16                    | 9,070.00                 | 0                      | 4                        |                                                     | UK                     | 5 Recipient's U.S. tax identification no. ▶   |
| 2    |                       |                          |                        |                          |                                                     |                        | 6 Account number (optional) ▶                 |
| 3    | Total                 |                          |                        |                          |                                                     |                        | 7 Withholding agent's EIN ▶ <b>57-0215443</b> |

8 RECIPIENT'S name, street address, city, province, country, and postal zone

J. C. Wagner, M.D.  
MRC External Staff  
Team on Occupational Lung Disease  
Llandough Hospital  
Penarth, Wales  
Glamorganon CF6 1XW

10 WITHHOLDING AGENT'S name, address, and ZIP code (as shown on Form 1042)

Malson, Mullins, Riley & Scarborough  
P. O. Box 11070  
Columbia, SC 29211

9 Recipient's country of residence for tax purposes

**Wales**

11 Payer's name and employer identification number (if different from withholding agent's)

Form **1042S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042S.

**1990**

OMB No. 1545-0096

**Copy E** for  
Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 only) | (d)<br>Net income<br>(column (b) less column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------|---------------------------------------------------|------------------------|--------------------------|----------------------------------------------------------|------------------------|
| 1    | 16                    | 30148.00                 |                                                            | 30148.00                                          | 0                      | 4                        |                                                          | UK                     |
| 2    |                       |                          |                                                            |                                                   |                        |                          |                                                          |                        |
| 3    | Total                 |                          |                                                            |                                                   |                        |                          |                                                          |                        |

4 Recipient code (see instructions) ▶ **01**

5 Recipient's U.S. identifying number ▶

6 Account number (optional) ▶

RECIPIENT'S name (first name, initial, and last name), street address, city, province,  
or state, postal code, and country

**J. C. Wagner, M.D.**  
**MRC External Staff**  
**Llandough Hospital**  
**Penarth, Glamorgan,**  
**United Kingdom**  
**CF6 1XW**

7 WITHHOLDING AGENT'S name, address, and ZIP code (shown on Form 1042)

**Nelson, Mullins, Riley & Scarborough**  
**P. O. Box 11070**  
**Columbia, SC 29211**

10 Withholding agent's employer identification number (EIN)

**57-0215445**

11 Payer's name and EIN (if different from withholding agent's)

12 State income tax withheld

13 Payer's state number

**25017429-8**

8 Recipient's country of residence for tax purposes

**United Kingdom**

Form **1042S**  
Department of the Treasury  
Internal Revenue Service

**Foreign Person's U.S. Source Income  
Subject to Withholding**

► For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042S.

**1991**

OMB No. 1545-0096

**Copy E**  
for Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 only) | (d)<br>Net income<br>(column (b) less column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------|---------------------------------------------------|------------------------|--------------------------|----------------------------------------------------------|------------------------|
| 1    | 16                    | 15000.00                 |                                                            | 15000.00                                          | 0                      | 4                        |                                                          | UK                     |
| 2    |                       |                          |                                                            |                                                   |                        |                          |                                                          |                        |
| 3    | Total                 |                          |                                                            |                                                   |                        |                          |                                                          |                        |

4 Recipient code (see instructions) ► **01**

5 Recipient's U.S. identifying number ►

6 Account number (optional) ►

7 RECIPIENT'S name (first name, initial, and last name), street address, city, province or state, postal code, and country

**J. C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital  
Penarth, Glamorgan  
United Kingdom  
CF6 1XW**

8 Recipient's country of residence for tax purposes  
**United Kingdom**

9 WITHHOLDING AGENT'S name, address, and ZIP code (shown on Form 1042)

**Nelson, Mullins, Riley & Scarborough  
P. O. Box 11070  
Columbia, SC 29211**

10 Withholding agent's employer identification number (EIN)  
**57-0215445**

11 PAYER'S name and EIN (if different from withholding agent's)

12 State income tax withheld

13 Payer's state number  
**25017429-8**

Form 1042S (1991)

Form **1042S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

► For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042S.

92

OMB No. 1545-0047

**Copy E**

for Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 only) | (d)<br>Net income<br>(column (b) minus column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|------------------------|
| 1    | 16                    | 18000.00                 |                                                            | 18000.00                                           | 0                      | 4                        |                                                               | UK                     |
| 2    |                       |                          |                                                            |                                                    |                        |                          |                                                               |                        |
| 3    | Total                 |                          |                                                            |                                                    |                        |                          |                                                               |                        |

|                                                                                                                                                                                                                                                     |  |                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 4 Recipient code (see instructions) ► 01                                                                                                                                                                                                            |  | 9 WITHHOLDING AGENT'S name, address, and ZIP code (shown on Form 1042)<br><br>Nelson, Mullins, Riley & Scarborough<br>P. O. Box 11070<br>Columbia, SC 29211 |  |
| 5 Recipient's U.S. taxpayer identification number ►                                                                                                                                                                                                 |  | 10 Withholding agent's taxpayer identification number (TIN)<br>57-0215445                                                                                   |  |
| 6 Account number (optional) ►                                                                                                                                                                                                                       |  | 11 PAYER'S name and TIN (if different from withholding agent's)                                                                                             |  |
| 7 RECIPIENT'S name (first name, initial, and last name), street address, city, province or state, postal code, and country<br><br>J. C. Wagner, M.D.<br>MRC External Staff<br>Llandough Hospital<br>Penarth, Glamorgan<br>United Kingdom<br>CF6 1XW |  | 12 State income tax withheld                                                                                                                                |  |
| 8 Recipient's country of residence for tax purposes<br>United Kingdom                                                                                                                                                                               |  | 13 Payer's state number<br>25017429-8                                                                                                                       |  |

Form 1042S (1992)

Department of the Treasury  
Internal Revenue Service

## Subject to Withholding

93

P. 29

For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042-S.

Copy E  
for Withholding Agent

| Line                                                                                                                                                                                                                                                   | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 only) | (d)<br>Net income<br>(column (b) minus column (c))                                                                                                                             | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code                                        | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------------------------------------------|---------------------------------------------------------------|------------------------|
| 1                                                                                                                                                                                                                                                      | 16                    | 31897.55                 |                                                            | 31897.55                                                                                                                                                                       | 0                      | 4                                                               |                                                               | UK                     |
| 2                                                                                                                                                                                                                                                      |                       |                          |                                                            |                                                                                                                                                                                |                        |                                                                 |                                                               |                        |
| 3                                                                                                                                                                                                                                                      | Total                 |                          |                                                            |                                                                                                                                                                                |                        |                                                                 |                                                               |                        |
| 4 Recipient code (see instructions) ▶                                                                                                                                                                                                                  |                       |                          |                                                            | UI                                                                                                                                                                             |                        |                                                                 |                                                               |                        |
| 5 Recipient's U.S. taxpayer<br>identification number, if any ▶                                                                                                                                                                                         |                       |                          |                                                            | 9 WITHHOLDING AGENT'S name and address (including ZIP code)<br>(as shown on Form 1042)<br><br>Nelson, Mullins, Riley &<br>Scarborough<br>P. O. Box 11070<br>Columbia, SC 29211 |                        |                                                                 |                                                               |                        |
| 6 Account number (optional) ▶                                                                                                                                                                                                                          |                       |                          |                                                            |                                                                                                                                                                                |                        |                                                                 |                                                               |                        |
| 7 RECIPIENT'S name (first name, initial, and last name), street<br>address, city, province or state, postal code, and country<br><br>J. C. Wagner, M.D.<br>MRC External Staff<br>Llandough Hospital<br>Penarth, Glamorgan<br>United Kingdom<br>CF6 1XW |                       |                          |                                                            |                                                                                                                                                                                |                        |                                                                 |                                                               |                        |
| 8 Recipient's country of residence for tax purposes (see instructions)<br>United Kingdom                                                                                                                                                               |                       |                          |                                                            | 10 Withholding agent's taxpayer identification number (TIN)<br>57-0215445                                                                                                      |                        | 11 PAYER'S name and TIN (if different from withholding agent's) |                                                               |                        |
|                                                                                                                                                                                                                                                        |                       |                          |                                                            | 12 State income tax withheld                                                                                                                                                   |                        |                                                                 |                                                               |                        |
|                                                                                                                                                                                                                                                        |                       |                          |                                                            | 13 Payer's state tax number<br>25017429-8                                                                                                                                      |                        | 14 Name of state<br>South Carolina                              |                                                               |                        |

Form 1042-S (1993)

Form **1042-S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

▶ For Paperwork Reduction Act Notice, see separate instructions for Forms 1042 and 1042-S.

**1994**

OMB No. 1545-0096

**Copy E**  
for Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 or 16 only) | (d)<br>Net income<br>(column (b) minus column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|------------------------|
| 1    | 16                    | 7500.00                  |                                                                  | 7500.00                                            | 0                      | 4                        |                                                               | UK                     |
| 2    |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 3    | Total                 |                          |                                                                  |                                                    |                        |                          |                                                               |                        |

4 Recipient code (see instructions) ▶ **01**5 Recipient's U.S. taxpayer  
identification number, if any ▶

6 Account number (optional) ▶

7 RECIPIENT'S name (first name, initial, and last name), street  
address, city, province or state, postal code, and country

J. C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital  
Penarth, Glamorgan  
United Kingdom  
CF6 1XW

8 WITHHOLDING AGENT'S name and address (including ZIP code)  
(as shown on Form 1042)

Nelson, Mullins, Riley &  
Scarborough, L.L.P.  
P. O. Box 11070  
Columbia, SC 29211

10 Withholding agent's taxpayer identification number (TIN)

57-0215445

11 PAYER'S name and TIN (if different from withholding agent's)

12 State income tax withheld

9 Recipient's country of residence for tax purposes (see instructions)  
United Kingdom

13 Payer's state tax number

25017129-0

14 Name of state

South Carolina

Form 1042-S (1994)

| Form <b>1042-S</b>                                                                                                                                                                                                                                                                                                                                                                         |                       | <b>Foreign Person's U.S. Source Income<br/>Subject to Withholding</b>                          |                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                        | <b>1996</b>              |                                                               | OMB No. 1545-0096<br><b>Copy E</b><br>for Withholding Agent |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|-------------------------------------------------------------|--|
| Department of the Treasury<br>Internal Revenue Service                                                                                                                                                                                                                                                                                                                                     |                       | ▶ For Paperwork Reduction Act Notice, see page 1 of the separate instructions for Form 1042-S. |                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                        |                          |                                                               |                                                             |  |
| Line                                                                                                                                                                                                                                                                                                                                                                                       | (A)<br>Income<br>code | (B)<br>Gross income paid                                                                       | (C)<br>Withholding allowances<br>(for income code 15 or 16 only) | (D)<br>Net income<br>(column (B) minus column (C))                                                                                                                                                                                                                                                                                                       | (E)<br>Tax rate<br>(%) | (F)<br>Exemption<br>code | (G)<br>U.S. Federal tax withheld<br>(net of any tax released) | (H)<br>Country<br>code                                      |  |
| 1                                                                                                                                                                                                                                                                                                                                                                                          | 16                    | 22500.00                                                                                       |                                                                  | 22500.00                                                                                                                                                                                                                                                                                                                                                 | 0                      | 4                        |                                                               | UK                                                          |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                          |                       |                                                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                        |                          |                                                               |                                                             |  |
| 3                                                                                                                                                                                                                                                                                                                                                                                          | Total                 |                                                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                          |                        |                          |                                                               |                                                             |  |
| 4 Recipient code ▶ 01<br>5 Recipient's U.S. taxpayer<br>identification number, if any ▶<br>6 Account number (optional) ▶<br>7 RECIPIENT'S name (first name, initial, and last name), street<br>address, city or town, province or state, and country (including<br>postal code)<br><br>J. C. Wagner, M.D.<br>MRC External Staff<br>Llandough Hospital Penarth<br>Glamorgan, United Kingdom |                       |                                                                                                |                                                                  | 9 WITHHOLDING AGENT'S name and address (including ZIP code)<br><br>Nelson, Mullins, Riley &<br>Scarborough, L.L.P.<br>P. O. Box 11070<br>Columbia, SC 29211-1070<br><br>10 Withholding agent's taxpayer identification number (TIN)<br>57-0215445<br>11 PAYER'S name and TIN (if different from withholding agent's)<br><br>12 State income tax withheld |                        |                          |                                                               |                                                             |  |
| 8 Recipient's country of residence for tax purposes<br>United Kingdom                                                                                                                                                                                                                                                                                                                      |                       |                                                                                                |                                                                  | 13 Payer's state tax number<br>25017429-8                                                                                                                                                                                                                                                                                                                |                        | 14 Name of state         |                                                               |                                                             |  |

☐ VOID ☐ CORRECTED

Form 1042-S (1996)

Form **1042-S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

▶ For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

1997  
~~1998~~

OMB No. 1545-0048

**Copy E**  
for Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 18 or 14 only) | (d)<br>Net income<br>(column (b) minus column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|------------------------|
| 1    | 16                    | 22500.00                 |                                                                  | 22500.00                                           | 0                      | 0                        |                                                               | UK                     |
| 2    |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 3    | Total                 |                          |                                                                  |                                                    |                        |                          |                                                               |                        |

4 Recipient code ▶ 01

5 Recipient's U.S. taxpayer identification number, if any ▶

6 Account number (optional) ▶

7 RECIPIENT'S name (first name, initial, and last name), street address, city or town, province or state, and country (including postal code)

J. C. Wagner, M.D.  
MRC External Staff  
Llandough Hospital Penarth  
Glamorgan, United Kingdom

8 Recipient's country of residence for tax purposes  
United Kingdom

9 WITHHOLDING AGENT'S name and address (including ZIP code)

Nelson, Mullins, Riley &  
Scrimgeour, L.L.P.  
P. O. Box 11070  
Columbia, SC 29211-1070

10 Withholding agent's taxpayer identification number (TIN)  
57-0215444

11 PAYER'S name and TIN (if different from withholding agent's)

12 State income tax withheld

13 Payer's state tax number  
2501742848

14 Name of state  
SC

☐ VOID ☐ CORRECTED

Form 1042-S (1999)

Form **1042-S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding**

▶ For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

**1998**

OMB No. 1545-0056

**Copy E**  
for Withholding Agent

| Line | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 or 16 only) | (d)<br>Net income<br>(column (b) minus column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|------|-----------------------|--------------------------|------------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|------------------------|
| 1    | <b>16</b>             | <b>30000.00</b>          |                                                                  | <b>30000.00</b>                                    | <b>0</b>               | <b>4</b>                 |                                                               | <b>UK</b>              |
| 2    |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 3    | Total                 |                          |                                                                  |                                                    |                        |                          |                                                               |                        |

|                                                                                                                                               |  |                                                                                                          |                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|-------------------------------|
| 4 Recipient code ▶ <b>01</b>                                                                                                                  |  | 9 WITHHOLDING AGENT'S name and address (including ZIP code)                                              |                               |
| 5 Recipient's U.S. taxpayer identification number, if any ▶                                                                                   |  | <b>Nelson, Mullins, Riley &amp;<br/>Scarborough, LLP<br/>P. O. Box 11070<br/>Columbia, SC 29211-1070</b> |                               |
| 6 Account number (optional) ▶                                                                                                                 |  |                                                                                                          |                               |
| 7 RECIPIENT'S name (first name, initial, and last name), street address, city or town, province or state, and country (including postal code) |  |                                                                                                          |                               |
| <b>J. C. Wagner<br/>MRC External Staff<br/>Llandough Hospital Penarth<br/>Glamorgan, United Kingdom</b>                                       |  | 10 Withholding agent's taxpayer identification number (TIN)<br><b>57-0215445</b>                         |                               |
|                                                                                                                                               |  | 11 PAYER'S name and TIN (if different from withholding agent's)                                          |                               |
|                                                                                                                                               |  | 12 State income tax withheld                                                                             |                               |
| 8 Recipient's country of residence for tax purposes<br><b>United Kingdom</b>                                                                  |  | 13 Payer's state tax number<br><b>25017429-8</b>                                                         | 14 Name of state<br><b>SC</b> |

☐ VOID ☐ CORRECTED

Form 1042-S (1998)

Form **1042-S**Department of the Treasury  
Internal Revenue Service**Foreign Person's U.S. Source Income  
Subject to Withholding.**

▶ For Paperwork Reduction Act Notice, see page 6 of the separate instructions.

OMB No. 1545-0046

**Copy A for  
Internal Revenue Service**

| Line                                                                                                                                                                                                                                   | (a)<br>Income<br>code | (b)<br>Gross income paid | (c)<br>Withholding allowances<br>(for income code 15 or 16 only) | (d)<br>Net income<br>(column (b) minus column (c)) | (e)<br>Tax rate<br>(%) | (f)<br>Exemption<br>code | (g)<br>U.S. Federal tax withheld<br>(net of any tax released) | (h)<br>Country<br>code |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--------------------------|------------------------------------------------------------------|----------------------------------------------------|------------------------|--------------------------|---------------------------------------------------------------|------------------------|
| 1                                                                                                                                                                                                                                      | 16                    | 30,000.00                |                                                                  | 30,000.00                                          | 0                      | 4                        |                                                               | UK                     |
| 2                                                                                                                                                                                                                                      |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 3                                                                                                                                                                                                                                      | Total                 |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 4 Recipient code ▶ 01                                                                                                                                                                                                                  |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 5 Recipient's U.S. taxpayer identification number (TIN), if any ▶                                                                                                                                                                      |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 6 Account number (optional) ▶                                                                                                                                                                                                          |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 7 RECIPIENT'S name (first name, initial, and last name), street address, city or town, province or state, and country (including postal code)<br><br>J.C. Wagner, M.D.<br>59 Coombe Valley Road<br>Preston, Weymouth<br>Dorset DT3 6NL |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 8 Recipient's country of residence for tax purposes<br>United Kingdom                                                                                                                                                                  |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 9 WITHHOLDING AGENT'S name and address (including ZIP code)<br><br>Nelson Mullins Riley &<br>Scarborough, LLP<br>P.O. Box 11070<br>Columbia, SC 29111-1070                                                                             |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 10 Withholding agent's TIN<br>57-0215445                                                                                                                                                                                               |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 11 PAYER'S name and TIN (if different from withholding agent's)                                                                                                                                                                        |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 12 State income tax withheld                                                                                                                                                                                                           |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 13 Payer's state tax number<br>25017429-8                                                                                                                                                                                              |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |
| 14 Name of state<br>SC                                                                                                                                                                                                                 |                       |                          |                                                                  |                                                    |                        |                          |                                                               |                        |

☐ VOID ☐ CORRECTED

Cat. No. 11388R

Form 1042-S (2009)

Note: Self Duplicating, Carbon Paper Not Required

UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF TEXAS  
MARSHALL DIVISION

OWENS-ILLINOIS, INC.                     )  
                                          )  
Plaintiff,                                )  
                                          )  
v.                                         ) C.A. No.2-99CV01117-DF  
                                          )  
T&N, LTD.,                                )  
                                          )  
Defendant.                                )  
                                          )  
                                          )

AMENDED AFFIDAVIT OF R. BRUCE SHAW IN RESPONSE TO  
AFFIDAVIT OF PAUL J. HANLY, JR.

STATE OF SOUTH CAROLINA   §  
                                          §  
COUNTY OF RICHLAND       §

R. BRUCE SHAW, being duly sworn, deposes and says:

1. I am an attorney admitted to practice in the State of South Carolina and in various United States District Courts and Courts of Appeals sitting in South Carolina and elsewhere. I am a partner of the Nelson Mulline Riley and Scarborough law firm with offices in South Carolina, North Carolina and Georgia. I make this Affidavit in response to the Affidavit of Paul J. Hanly, Jr. In Support Of Defendant's Motion For Relief From Default Judgment ("Hanly Affidavit" or "Affidavit").

2. From about 1978 to the present, I have served as counsel for Owens-Illinois, Inc. ("OI") in connection with asbestos-

related personal injury and property damage litigation.

3. From about 1985 to 1988, I served as Liaison Counsel for the Asbestos Claims Facility ("ACF"), an entity formed by approximately 30 defendants and their insurers in asbestos-related personal injury litigation. My duty as Liaison Counsel was to represent ACF members in such suits with respect to certain common issues (e.g., plaintiff-specific medical defenses, issues of medical causation and certain general liability issues common to all defendants). I did so pursuant to Counsel-Sharing Agreements among the ACF members that waived all past, present and future conflicts of interest arising from such joint representation. The ACF members also agreed that any confidential information concerning an ACF member confided to me in my role as ACF Liaison Counsel would not be communicated to any other ACF member. I have at all times observed that Agreement.

4. From about 1977 to 1988, I also served as counsel for Turner & Newall, Ltd., ("T&N") in asbestos-related personal injury litigation. Between 1985 and 1988, this representation was undertaken pursuant to the ACF Agreements and Waivers referred to above. Specifically, it was agreed by ACF members, and understood by me, that any confidential information concerning T&N provided to or learned by me in my capacity as ACF Liaison Counsel or as T&N Counsel was not to be revealed to any other ACF member. I have at all times observed that Agreement.

5. The Hanly Affidavit is factually incorrect in material respects and consistently mischaracterizes the nature and content of meetings and conversations I had with Hanly in my capacity as T&N Counsel and ACF Liaison Counsel.

6. Any suggestion or implication in the Hanly Affidavit that Hanly ever discussed with me or disclosed documents to me concerning T&N's participation in an international asbestos cartel concerning raw asbestos or asbestos-containing products and efforts by T&N pursuant to such a conspiracy to suppress or misrepresent asbestos disease risks to non-spray insulation workers is false.

7. In the following paragraphs, I will discuss certain allegations in the Hanly Affidavit to the best of my recollection and belief. In that regard, I believe the meetings and communications I had with Hanly that are described in the Affidavit, with the exception of the meeting described in Paragraph 24, took place in my capacity as T&N's counsel.

8. Paragraph 7 of the Hanly Affidavit describes certain activities conducted by Hanly in 1982 regarding discovery obligations of T&N, including trips to England to meet with T&N witnesses and to review T&N documents. I did not accompany Hanly on these visits to England. In addition, Hanly never told me in any detail what he learned or found on these visits and he never showed me the originals or copies of the documents which he

collected. While I remember that Hanly discussed with me documents relating to jurisdictional issues involving T&N and particularly documents relating to T&N's historical contacts with various states of the United States and T&N's sales of asbestos fiber, I have no recollection of discussing with Hanly T&N's participation in any asbestos cartel or its knowledge of health risks to non-spray insulators or its communications on that subject with U.K. Government Officials. I am confident I would have recalled such discussions had they occurred.

9. Paragraph 8 of the Hanly Affidavit describes T&N's discovery activities in the period 1982 through 1985. Never during this period when I consulted with Hanly regarding discovery issues did Hanly ever tell me that he had found any documents at T&N concerning T&N's participation in any asbestos cartel or its knowledge of health risks to non-spray insulators or its communications on that subject with U.K. Government Officials.

10. The only issue regarding T&N employee health which I remember discussing with Hanly during this period involved a spray asbestos product called Limpet. I remember discussions with Hanly about the precautions needed by employees who sprayed Limpet and I may have reviewed documents on that subject. At no time did Hanly raise with me any other issue about T&N's knowledge about asbestos disease risks in other employees, including insulator employees who did not use Limpet.

11. The Hanly Affidavit incorrectly suggests that I advised T&N to settle cases as opposed to producing T&N documents. I settled many cases for T&N during this period, but I did not advise T&N to settle cases in order to avoid producing its business records in discovery. In fact, I had neither seen nor heard any significant information about the contents of the T&N documents other than the documents described above.

12. Paragraph 14 of the Hanly Affidavit states that I accompanied Hanly to the U.K. in November 1985 to defend some T&N deposition witnesses and to review T&N documents. The Affidavit correctly states that I reviewed some of the contents of two bankers boxes of documents, but I did not review the documents "one by one". In addition, while I remember that some of the documents related to the subject of cancer, I remember no documents relating to TLV's, insulation workers, T&N's participation in any asbestos cartel, or T&N's knowledge of health risks to non-spray insulators or T&N's communications with U.K. Government Officials on that subject.

13. Paragraph 14 of the Hanly Affidavit also asserts that I asked Hanly whether there was a way not to produce "certain of the documents" and that I told Hanly that some of the T&N documents could "kill OI" in connection with some of the positions taken by OI involving publicly available knowledge about asbestos-related disease. This assertion is false. On the occasion referred to,

Hanly asked whether or not there was any way T&N could withhold certain corporate documents from production. I responded that T&N could not withhold non-privileged, relevant documents. I never suggested that any documents should be withheld because of their possible impact on OI or any ACF member. My understanding is that Hanly ultimately decided to withhold certain documents as privileged and to produce the remainder. In any case, Hanly never showed me any T&N documents that I thought would have any impact on the state-of-the-art position taken generally by OI or the other ACF defendants.

14. Paragraphs 15-17 of the Hanly Affidavit describe various information supposedly provided to, and activities purportedly conducted by, Andrew T. Berry, another ACF lawyer who also represented OI. I have worked with Mr. Berry on many occasions. He has never advised me that he was informed by Hanly or otherwise learned of any facts or documents concerning a conspiracy by T&N to fix asbestos prices, allocate markets or suppress asbestos-related health information. Mr. Berry never told me he was aware of any communications or documents concerning T&N's participation in any asbestos cartel or T&N's knowledge of health risks to non-spray insulators or its communications on that subject to U.K. Government Officials. In addition, Mr. Berry has never advised me that T&N's knowledge or documents would adversely affect OI's defenses in the asbestos litigation or that Hanly had

told him that I had expressed that opinion.

15. Paragraphs 18 and 19 of the Hanly Affidavit describe conspiracy claims which arose in late 1986 or early 1987. While at that time I represented T&N in connection with my responsibilities as an ACF lawyer, I have no recollection that Hanly told me anything during this period about T&N's participation in any asbestos cartel or T&N's knowledge of health risks to non-spray insulators or any communications on that subject with U.K. Government Officials.

16. Paragraph 20 of the Hanly Affidavit states that various T&N documents produced by T&N in discovery "began to appear on exhibit lists around the country in cases in which OI was also a party." While the Affidavit states these documents related to "health hazards to insulation workers and TLV's" I do not remember any documents that involved T&N's participation in any asbestos cartel or knowledge of health risks to non-spray insulators or communications on that subject with U.K. Government Officials. Moreover, I do not remember any documents from that time period relating to any Johns-Manville and T&N relationship or any Cape Asbestos and T&N relationship. Had I seen such documents, I am confident I would have recalled them.

17. Paragraph 23 of the Hanly Affidavit states that I met with Hanly in New York on December 16, 1987 regarding "the defense of T&N." The Affidavit goes on to say that I advised Hanly that

I was planning to meet with Dr. J.C. Wagner and purports to describe the "financial arrangements between Dr. Wagner and OI." I have no recollection of this meeting. However, I am certain that I never said what Hanly attributes to me about Dr. Wagner's engagement.

18. Before the alleged meeting with Hanly, I had met with Dr. Wagner as a consulting expert on asbestos issues. At my request, Dr. Wagner reviewed significant developments in asbestos medicine and provided his professional opinions about those developments. My purpose in obtaining these consulting services was to assist me in the development of OI's defense of asbestos-related personal injury claims. In addition, the consulting arrangement allowed OI to list Dr. Wagner as a witness and to call him as a witness to testify regarding such claims.

19. I never made the representations regarding the engagement of Dr. Wagner which are claimed in Paragraph 23 of the Hanly Affidavit. Specifically, I never advised Hanly that Dr. Wagner's compensation was "irrespective of whether Dr. Wagner did any work for OI," as Dr. Wagner's continuing obligation was to keep up with all significant developments in asbestos medicine and report them to me on an ongoing basis. Regarding the contention in Paragraph 23 that Dr. Wagner's compensation was paid to a U.S. bank account in the name of a third-party, I have no recollection of such an arrangement.

20. Paragraph 24 of the Hanly Affidavit states that I attended a meeting in London on January 14, 1988 with Hanly and Dr. Wagner. I did attend that meeting, although the Affidavit fails to mention that counsel for other defendants were present at the meeting as well. More importantly, Hanly's implication that I attempted to manipulate the scientific opinions of a world-renowned physician is false.

21. I never "privately confirmed" to Hanly that I had tried to persuade Dr. Wagner to say or write publicly that "only crocidolite asbestos was an undeniable cause of mesothelioma, and that the role of amosite asbestos was non-existent or at most minimal." Indeed, the published paper to which Hanly refers actually admits that amosite can cause mesothelioma and describes the carcinogenicity of amosite as "minimal" only in relation to crocidolite asbestos. Regardless, the allegation that Dr. Wagner published these views at my urging or because he provided expert consulting services to my client and others in the asbestos litigation is totally without basis. The compensation received by Dr. Wagner for such consulting work had nothing to do with the published article. In addition, Dr. Wagner never showed me any draft of the article before it was published and I never spoke to Dr. Wagner about the substance of the article in advance of its publication.

22. Paragraph 27 of the Hanly Affidavit makes reference to an alleged conversation Hanly had with an inside of attorney, Mick McConnell, during which McConnell allegedly told Hanly T&N had "hidden the hazards of asbestos from other U.S. companies." During the time period referred to in Paragraphs 26 and 27 of the Hanly Affidavit, I had numerous contacts with Mr. McConnell regarding many issues relating to asbestos personal injury litigation. Mr. McConnell never told me about any conversations with Hanly, including the alleged conversation described in Paragraph 27. Moreover, Mr. McConnell never told me that he had ever heard about or seen any proof that T&N was part of any asbestos cartel or that T&N had engaged in a conspiracy with other asbestos fiber suppliers to suppress or misrepresent asbestos disease risks to non-spray insulators.

23. Paragraph 33 of the Hanly Affidavit states that by 1993 "previously-withheld" documents concerning T&N's knowledge of health risks to insulators and T&N's responses on that subject with U.K. Government Officials were the subject of media stories and were widely distributed in the United States. To this day, I have not seen the documents relating to these matters and have no knowledge whether T&N found asbestos-related disease in its non-spray employees or what communications T&N made to U.K. Government Officials regarding those matters. In fact, in connection with all the work I have done in asbestos litigation in 23 years, these

documents have never been used in any case in which I was an attorney. If indeed such documents were such a threat to the state-of-the-art position taken by product manufacturers in the asbestos litigation, I expect such documentation would have been regularly used by plaintiffs' lawyers for that purpose. In fact, I have never seen that tactic employed.

FURTHER DEPOIMENT SAVERE NOT.

February 16, 2000  
Date

R. Bruce Shaw  
R. Bruce Shaw

SWORN to and subscribed before me

this 16th day of February  
John S. Johnson (L.S.)  
Notary Public for South Carolina

My Commission Expires: 9/3/09