

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90059 024 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814693

1. Corporation Name
THE SHERWIN-WILLIAMS COMPANY

Principal Place of Business 101 PROSPECT AVE. N.W. CLEVELAND OHIO 44115	Mailing Address 101 PROSPECT AVE. N.W. CLEVELAND OHIO 44115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

3. Date Incorporated or Qualified 08/31/1960	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 34-0526850	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COMMES, THOMAS A.	
STREET ADDRESS	101 PROSPECT AVENUE NW	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PITORAK, L. J.	
STREET ADDRESS	101 PROSPECT AVE., N.W.	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	IVY, CONWAY G.	
STREET ADDRESS	101 PROSPECT AVENUE NW	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CGV	<input type="checkbox"/> DELETE
NAME	STELLATO, L. E.	
STREET ADDRESS	101 PROSPECT AVENUE NW	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SGAMBELLONE, J. J.	
STREET ADDRESS	101 PROSPECT AVENUE NW	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	BREEN, JOHN, G	
STREET ADDRESS	101 PROSPECT AVE., N.W.	
CITY-ST-ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VACANT	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *J. J. Scambellone* Assistant Secretary 4-30-99 216-566-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)