


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

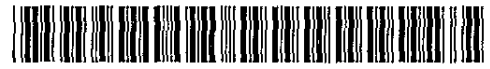
**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 814693**  
 1. Entity Name  
**THE SHERWIN-WILLIAMS COMPANY**



Principal Place of Business      Mailing Address  
 101 PROSPECT AVE., N.W.      101 PROSPECT AVE., N.W.  
 CLEVELAND, OH 44115      CLEVELAND, OH 44115

**DO NOT WRITE IN THIS SPACE**



04152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 34-0526850      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HENNESSY, S.P. 101 PROSPECT AVE., N.W. CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVY, CONWAY G. 101 PROSPECT AVENUE NW CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CGV STELLATO, L. E. 101 PROSPECT AVENUE NW CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SGAMBELLONE, J. J. 101 PROSPECT AVENUE NW CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CONNOR, C.M. 101 PROSPECT AVE., N.W. CLEVELAND, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO SCAMINACE, J.M. 101 PROSPECT AVE. N.W. CLEVELAND, OH 44115

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 05/04/04-80040-001 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE**  \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_