

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

Ag 1082

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **827663** (6)

1. Corporation Name
PRATT & LAMBERT UNITED, INC.



Principal Place of Business: **75 TONAWANDA ST. BOX 22 BUFFALO NY 14240**
Mailing Address: **75 TONAWANDA ST. BOX 22 BUFFALO NY 14240**

3. Date Incorporated or Qualified: **03/21/1972**
3a. Date of Last Report: **04/20/1995**
4. FEI Number: **16-0594810**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25 29 30

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
85 Zip Code **FL**

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	CD	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS JR, R D	
STREET ADDRESS	81 HALLAM RD.	
CITY-ST-ZIP	BUFFALO NY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	BOLDT, J. R.	
STREET ADDRESS	142 AUDUBON DRIVE	
CITY-ST-ZIP	SNYDER NY	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CASTIGLIA, J.J.	
STREET ADDRESS	1749 READING ROAD	
CITY-ST-ZIP	WEST FALLS, N. Y.	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, D W	
STREET ADDRESS	509 MEADOWBROOK DRIVE	
CITY-ST-ZIP	N.TONAWANDA NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BENSMAN, W F	
STREET ADDRESS	S-4431 FREEMAN ROAD	
CITY-ST-ZIP	ORCHARD PARK NY	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CULLIGAN, J.M.	
STREET ADDRESS	48 MCNAIR RD.	
CITY-ST-ZIP	WILLIAMSVILLE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	SEE ATTACHED
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ Assistant Secretary 4/30/96 216-566-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

PRATT AND LAMBERT UNITED, INC.

OFFICERS AND DIRECTORS

EFFECTIVE JANUARY, 1996

<u>POSITION</u>	<u>NAME</u>	<u>ADDRESS</u>
President	J.G. Breen	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Vice President and Director	T.A. Commes	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Treasurer and Director	L.J. Pitorak	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Secretary	L.E. Stellato	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Assistant Treasurer	D. N. Stefko	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Assistant Treasurer	A. J. Maikut	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Assistant Secretary	J.J. Sgambellone	101 Prospect Avenue, N.W. Cleveland, Ohio 44115
Assistant Secretary	R.A. Legenza	101 Prospect Avenue, N.W. Cleveland, Ohio 44115