

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 834580

(3)

1. Corporation Name

LESCO PRODUCTS, INC.

Principal Place of Business

**2005 LAKE ROAD
P.O. BOX 16915
ROCKY RIVER OH 44116
US**

Mailing Address

**2005 LAKE ROAD
P.O. BOX 16915
ROCKY RIVER OH 44116**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/26/1975

3a. Date of Last Report

05/01/1994

4. FEI Number

34-0804517

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SEIGFRIED, JAMES
4111 EAGLE COURT**

SEBRING FL 33870

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCEO &
NAME	FOLEY, WILLIAM A
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	D
NAME	CLARK, DAVID
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	VCD &
NAME	BURKHARDT, R.F.
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	VSD
NAME	DUNSTAN, DANIEL G.
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	D
NAME	CARLETON, PAUL
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH
TITLE	T
NAME	DIDON, KENNETH W.
STREET ADDRESS	2005 LAKE ROAD
CITY-ST-ZIP	ROCKY RIVER OH

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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 110.07(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:

Kenneth W. Didon

KENNETH W. DIDON

(214) 333-9250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #