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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 834580

(3)

LESCO PRODUCTS, INC.

FILED	
May 01 1998 8:00am	l
Secretary of State	



Principal Place of Business Mailing Address 20005 LAKE ROAD 20005 LAKE ROAD P.O.BOX 16915 P.O.BOX 16915 ROCKEY RIVER OH 44116 DO NOT WRITE IN THIS SPACE **ROCKY RIVER OH 44116** 3. Date Incorporated or Qualified 06/26/1975 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 34-0904517 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Ζφ Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Name C/O CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. 83 **PLANTATION FL 33324** 84 Zip Code City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE FOLEY, WILLIAM A NAME 1.2 NAME 20005 LAKE ROAD STREET ADDRESS 1.3 STREET ADDRESS ROCKY RIVER OH 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE CLARK, DAVID 22 NAME NAME 20005 LAKE ROAD STREET ADDRESS 2.3 STREET ADDRESS ROCKY RIVER OH CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change ___ Addition TITLE 3 1 TITLE BURKHARDT, R.F. NAME 3.2 NAME 20005 LAKE ROAD STREET ADDRESS 3.3 STREET ADDRESS ROCKY RIVER OH CITY-ST-ZIP 3.4. CITY - ST - ZIP Change Addition DELETE 4.1 TITLE TITLE PRIBISKO, PATRICIA 4. 2 NAME NAME 20005 LAKE RD 4.3 STREET ADDRESS STREET ADDRESS ROCKY RIVER OH 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THILE CARLETON, PAUL NAME 5.2 NAME 20005 LAKE ROAD STREET ADDRESS 5.3 STREET ADDRESS ROCKY RIVER OH CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE DIDION, KENNETH W. NAME 62 NAME 20005 LAKE ROAD 63 STREET ADDRESS STREET ADDRESS ROCKY RIVER OH 64 CITY-ST-ZIP 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 supplied eath 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 of the receiptor 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 of an

SIGNATURE:

4/24/98

(440) 333-9260