## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State **DOCUMENT #** 834580 1. Entity Name LESCO PRODUCTS, INC. 05-14-2002 90015 016 \*\*\*150.00 Principal Place of Business Mailing Address 15885 SPRAGUE ROAD 15885 SPRAGUE ROAD STRONGSVILLE OH 44136 STRONGSVILLE OH 44136 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34-0904517 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☑ Delete TITLE ☐ Addition **C**hange Michael P. DiMino. NAME FOLEY, WILLIAM A NAME STREET ADDRESS 15885 SPRAGUE ROAD STREET ADDRESS 15885 Sprague Rd. CITY-ST-7IP STRONGSVILLE OH 44136 CITY-ST-ZIP Strongsville, OH 44136 TITLE Delete TITLE Change Change ☐ Addition NAME Jeffrey L. Rutherford DENNY, R. BRECK NAME STREET ADDRESS 15885 SPRAGUE ROAD STREET ADDRESS 15885 Sprague Rd. CITY-ST-ZIP STRONGSVILLE OH 44136 CITY-ST-ZIP tromsville, OH ☐ Delete TITLE Change ☐ Addition NAME BURKHARDT, R.F. NAME STREET ADDRESS 15885 SPRAGUE ROAD STREET ADDRESS CITY-ST-ZIP STRONGSVILLE OH 44136 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME PRIBISKO, PATRICIA NAME STREET ADDRESS 15885 SPRAGUE ROAD STREET ADDRESS CITY-ST-ZIP STRONGSVILLE OH 44136 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BEST, RONALD NAME STREET ADDRESS 15885 SPRAGUE ROAD STREET ADDRESS

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STRONGSVILLE OH 44136

KLINGBEIL, MARK S

15885 SPRAGUE ROAD

STRONGSVILLE OH 44136

CITY-ST-ZIE

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Delete

☐ Change

Addition

CR2E034 (9/01