2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# 834580

Entity Name: LESCO PRODUCTS, INC.

Current Principal Place of Business:

5610 MCGINNIS FERRY RD.
ALPHARETTA, GA 30005 US

New Principal Place of Business:

Current Mailing Address:

DEERE & COMPANY
C/O TAX DEPT; ONE JOHN DEERE PLACE
MOLINE, IL 61265 US

New Mailing Address:

FEI Number: 34-0904517 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WERNING, DAVID	
Address:	5610 MCGINNIS FERRY ROAD	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	VP	( ) Delete
Name:	LANAHAN, JEFFREY C	
Address:	650 STEPHENSON HIGHWAY	
City-St-Zip:	TROY, MI 48083	
Title:	S	( ) Delete
Name:	HOWZE, MARC A	
Address:	ONE JOHN DEERE PLACE	
City-St-Zip:	MOLINE, IL 61265	
Title:	T	( ) Delete
Name:	DAVLIN, JAMES A	
Address:	ONE JOHN DEERE PLACE	
City-St-Zip:	MOLINE, IL 61265	
Title:	D	( ) Delete
Name:	GUTHRIE, JOHN T	
Address:	5610 MCGINNIS FERRY RD	
City-St-Zip:	ALPHARETTA, GA 30005	
Title:	AS	( ) Delete
Name:	JARRETT, THOMAS K	
Address:	ONE JOHN DEERE PLACE	
City-St-Zip:	MOLINE, IL 61265	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS K. JARRETT AS 04/22/2009

Electronic Signature of Signing Officer or Director — Date