

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 834580

FILED
Apr 25, 2011
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: PD
Name: WERNING, DAVID
Address: 5610 MCGINNIS FERRY ROAD
City-St-Zip: ALPHARETTA, GA 30005

Title: VD
Name: LANAHAN, JEFFREY C
Address: 650 STEPHENSON HIGHWAY
City-St-Zip: TROY, MI 48083

Title: S
Name: NOE, GREGORY
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: T
Name: ZIEGLER, MARIE
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

Title: VD
Name: GUTHRIE, JOHN T
Address: 5610 MCGINNIS FERRY RD
City-St-Zip: ALPHARETTA, GA 30005

Title: AS
Name: JARRETT, THOMAS K
Address: ONE JOHN DEERE PLACE
City-St-Zip: MOLINE, IL 61265

I hereby 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 all other like empowered.

SIGNATURE: THOMAS K. JARRETT

AS

04/25/2011

Electronic Signature of Signing Officer or Director

Date