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**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90122 001 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 837261

1. Corporation Name  
**THE VALSPAR CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 1101 SOUTH THIRD ST.  
 MINNEAPOLIS MN 55415

Mailing Address  
 1101 SOUTH THIRD ST.  
 MINNEAPOLIS MN 55415

3. Date Incorporated or Qualified  
**10/26/1976**

2. Principal Place of Business  
 2a. Mailing Address

4. FEI Number  
**36-2443580**

Applied For  
 Not Applicable

21 Suite, Apt. #, etc.  
 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

22 City & State  
 27 City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

23 Zip Country  
 28 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24 Zip Country  
 25 Zip Country  
 29 Zip Country  
 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WURTELE, C.A.	
STREET ADDRESS	1101 THIRD STREET SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PAJOR, R.E.	
STREET ADDRESS	1101 THIRD STREET SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ARTHUR, K. H.	
STREET ADDRESS	1191 SO WHEELING RD	
CITY-ST-ZIP	WHEELING IL	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	PEPSKI K P	
STREET ADDRESS	1101 SO 3 STR	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	SGC	<input type="checkbox"/> DELETE
NAME	ENGH, R N	
STREET ADDRESS	1101 SO 3 STR	
CITY-ST-ZIP	MINNEAPOLIS MN	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ROMPALA, RICHARD	
STREET ADDRESS	1101 THIRD STREET SOUTH	
CITY-ST-ZIP	MINNEAPOLIS MN	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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, with all other like empowered.

SIGNATURE:

*Paul C. Reynolds* 4-19-99 612-332-7371

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)