

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90078 047 ***150.00

DOCUMENT # 837261

1. Entity Name

THE VALSPAR CORPORATION

Principal Place of Business

Mailing Address

1101 SOUTH THIRD ST.
 MINNEAPOLIS MN 55415

1101 SOUTH THIRD ST.
 MINNEAPOLIS MN 55415-1211

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-2443580

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WURTELE, C.A.	NAME	
STREET ADDRESS	1101 THIRD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAJOR, R.E.	NAME	
STREET ADDRESS	1101 THIRD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR, K. H.	NAME	
STREET ADDRESS	1191 SO WHEELING RD	STREET ADDRESS	
CITY-ST-ZIP	WHEELING IL	CITY-ST-ZIP	
TITLE	VC <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEPSKI K P	NAME	Senior Vice President + CFO
STREET ADDRESS	1101 SO 3 STR	STREET ADDRESS	Reyeltz, P.C.
CITY-ST-ZIP	MINNEAPOLIS MN	CITY-ST-ZIP	1101 S. Third Street
TITLE	SGC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGH, R N	NAME	
STREET ADDRESS	1101 SO 3 STR	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMPALA, RICHARD	NAME	
STREET ADDRESS	1101 THIRD STREET SOUTH	STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MN	CITY-ST-ZIP	

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.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul C. Reyeltz

4-13-00

Date

612-332-7371

Daytime Phone #