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FILED
Apr 30 1998 8:00am
Secretary of State



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION ANNUAL REPORT 1998

DOCUMENT # P12643 (3)
 1. Corporation Name
HARRISON PAINT CORP.



Principal Place of Business: **1329 HARRISON AVENUE S.W. CANTON OH 44706**
 Mailing Address: **1329 HARRISON AVENUE S.W. CANTON OH 44706**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1986	
21	22	26	27	4. FEI Number 34-0653046	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	24	28	29	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	P
NAME	WALTERS, ROGER A	1.2 NAME	OSOWSKI, THOMAS J.
STREET ADDRESS	1329 HARRISON AVENUE, S.W.	1.3 STREET ADDRESS	9200 WILDERNESS PASSAGE
CITY-ST-ZIP	CANTON OH 44706	1.4 CITY-ST-ZIP	CHAGRIN FALLS, OH 44023
TITLE	STD	2.1 TITLE	VP/CFO/D
NAME	EVANS, ANDREW J	2.2 NAME	EVANS, ANDREW J.
STREET ADDRESS	7580 KLINGSTON STREET, N.W.	2.3 STREET ADDRESS	7580 KLINGSTON STREET, N.W.
CITY-ST-ZIP	MASSILLON OH 44846	2.4 CITY-ST-ZIP	MASSILLON, OH 44646
TITLE	D	3.1 TITLE	
NAME	BOCKIUS, LOUIS V III	3.2 NAME	
STREET ADDRESS	4282 STRAUSSER STREET, N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH CANTON OH 44720	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	STRADLEY, GEORGE E II	4.2 NAME	
STREET ADDRESS	69 WEST DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HARTVILLE OH 44632	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DICOLA, LEE J	5.2 NAME	
STREET ADDRESS	220 MARKET AVENUE, SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON OH 44702	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Andrew J. Evans* **Andrew J. Evans** Vice President & CFO 4/1/98 330-455-5125

CR2E034 (10/97)