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ANNUAL REPORT 1998  Provide of Business Division of corporations PRU-LESCO, INC.  PRU-LESCO, INC.  Principal Pactor of Business Maining Address Maining Addres						ATE	] Jan 26 199	98.8.00	am
OCCUMENT # 315601       (5)         PRU-LESCO, INC.       Image: State of Business       Multip Address         Inclual Place of Business       Multip Address         Inclual Place of Business       Set PANTUCKET RI 0280         Principal Place of Business       Set Address of Business         State Address of Business       Set Address of Business         State Address of Business       Set Address of Business         State Address of Counting       State Counting         Zo       Counting       State         Zo       Counting the Address of Countin									
Corporation Name Corporation Name Corporation Name Corporation Cor	1998		DIVISION OF	CORPOR		\S	Secretar	y of Sta	ate
PRU-LESCO, INC.         Incipal Place of Business       Maling Address         At PAVILUCET AC INTURNET IN 0000       Maling Address         At MANUACET AC INTURNET IN 0000       Maling Address         Principal Place of Business       St. Maling Address         Buile, Apt. 4. etc.       28         Solie, Apt. 4. etc.       27         City & State       20         20       Country         21       Country         22       Country         23       Country         24       City & State         27       City & State         28       Country         29       20         20       Country         20       Country         21       City & State         21       City & State         21       20         20       Country         21       20         22       20         23       Country         24       24         25       Country         26       Net counter and Address of Counter Registree Agent         27       Counter Registree Agent         28       State Address of Portals State Compositon de	OCUMENT # 3156	301	(5)						
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DANTUCKET RI 0280         PANTUCKET RI 0280         DO NOT WRITE IN THIS SPACE           2. Data Incorpanzi del O Guilling         CALL STATUS         Status <td>cipal Place of Business</td> <td>Mailing</td> <td>Address</td> <td></td> <td></td> <td></td> <td></td> <td>IIII IIIII IIIIII IIIIII IIIIII</td> <td></td>	cipal Place of Business	Mailing	Address					IIII IIIII IIIIII IIIIII IIIIII	
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City & Site     City & State     St	Suite Ant # etc		te Ant # atc	<u></u>		·	05-0314839	·  ~ · · · · · · · · · · ·	Not Applicab
Zip     Zip     Country     Zip     Country     R. This comparison owns or has paid the current year intengible       2     Jain     Second Property Tox due June 20.     A this comparison owns or has paid the current year intengible       9. Name and Address of Current Registered Agent     30. Name and Address of New Registered Agent     30. Name and Address of New Registered Agent       12:00 S. PINE ISLAND ROAD PLANTATION FL 33324     81     Name       82     Street Address (F.O. Box Number is Not Acceptable).       83     84       84     City       84     Street Address (F.O. Box Number is Not Acceptable).       85     84       86     84       87     88       88     84       89     84       80     85       80     86       81     Name       82     Street Address (F.O. Box Number is Not Acceptable).       83     84       84     City       85     Street Address (F.O. Box Number is Not Acceptable).       86     City       87     Registered Agent of Address (F.O. Box Number is Not Acceptable).       88     City of Press (F.O. Box Number is Not Acceptable).       89     Registered Agent of Address (F.O. Box Number is Not Acceptable).       80     City of Press (F.O. Box Number is Not Acce			ιο, πρι: π, θιο.				5. Certificate of Status Desired		
Zip         Country         Zip         Country         8. This corporation over a paid the ourrent, was intargable personal Property Tax due dure 30.         Xi to all to	City & State		/ & State						
S. Name and Address of Current Registered Agent     TO CORPORATION SYSTEM     100. Name and Address of New Registered Agent     CT CORPORATION SYSTEM     1200 S. PINE ISLAND ROAD     PLANTATION FL 33324     B2     Street Address (P.O. Box Number is Not Acceptable)     PLANTATION FL 33324     B3     Clay     FL     Is 2 [2] Code     B4     Clay     FL     Is 2 [2] Code     B4     Clay     FL     Is 2 [2] Code     B4     Clay     FL     Is 2 [2] Code	·		<u></u>	<u> </u>	untry		8. This corporation owes or has p	paid the current year	Intangible
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324     81     Name       82     Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324     82       84     City     FL     85       85     64     City     FL     85       86     64     City     FL     85       87     Street Address (P.O. Box Number is Not Acceptable)     86       88     64     City     FL     85       89     64     City     FL     85       89     Street Address (P.O. Box Number is Not Acceptable)     86       64     City     FL     85       80     Street Address (P.O. Box Number is Interesting the explored addrest applicable for the purpose of changing its registere agent. I applicable for the purpose of changing its registere agent. I applicable for the obligations of Section 607.505, Florida Statutes.       6ATUTHE     Street Address II and anne of registered agent applicable for the obligations of Section 607.505, Florida Statutes.       6ATUTHE     Street Address II and Statutes.     DATE       6COFFEY, ROBERT N     13.     ADDITIONS/CHANGES TO OPPICERS AND DIFECTORS 14       181 COWESETT GREEN DR.     12 Name     2 Name       181 COWESETT GREEN DR     2 Street Address     2 Street Address       7.91.2P     WARWICK, RI.     2 Street Address       184			d Agent	30	T	<u> </u>			
PLANTATION FL 33324       Image: Control of Cont					81	Name		<u> </u>	<u> </u>
B3         64       City       FL       65       Zip Code         - Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Stabilies, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Stabilies, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Stabilies.         GNATURE       Sequence types or private name of registered Agent and the if explicable       (NOTE Registered Agent, or patient and the if explicable       Detect         Signace types or private name of registered Agent and the if explicable       (NOTE Registered Agent, or patient and the if explicable       (NOTE Registered Agent, or patient and the if explicable       Detect         Signace types or private name of explicable       (NOTE Registered Agent, or patient Agent and the if explicable       (NOTE Registered Agent, or patient Agent and the if explicable       Detect         Signace types or private name of explicable       (NOTE Registered Agent, or patient Agent and the if explicable       (Note Registered Agent, or patient Agent and the if explicable       (Note Registered Agent, or patient Agent agent and the if explicable         Velocity       OFFICERS AND DIFECTORS       10       DELETE       11.11TLE       (Change I addition or patient Agent agent agent and the if explicable         Velocity       Velocity       Agent ag					82	Street Addre	ess (P.O. Box Number is Not Accept	able)	
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 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 and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Signature types or printed name of reported agent and the appointment as registered agent ignature registered agent agent and the appointment as registered agent ignature registered agent agent and the appointment as registered agent ignature registered agent ignature registered agent agent and the appointment as registered agent ignature registered agent ignategent ignature registered agent ignature registered agent ignature	PLANTATION FL 33324				83			······	
Levisuant 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 agent. I at familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Sepature to provisions of proceed name of registered agent land accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Sepature to provisions of proceed name of registered agent land accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  Sepature to provisions of proceed name of registered agent land accept the obligations of, Section 607.0505, Florida Statutes.  GNATURE  COFFEY, ROBERT N  Ref ADDRESS  181 COWESETT GREEN DR.  N: SI-2P  WARWICK, RI.  COFFEY, NACQUELYN R  COFFEY, NACQUELYN R  Ref ADDRESS  N: SI-2P  WARWICK, RI.  COFFEY, NACQUELYN R  Sections S, Section 807.0502, Comparison of the obligation of the approximation of the obligation of the accept the obligation of the approximation of the approxima					84	City		1851 2	in Code
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GNATURE       Signature types or printed name of registered agent and bils if applicable       (NOTE: Registered Agent signature regulated Whan refristating)       DATE         COFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 12         Lie       PD	office or registered agent, or both, in the agent, Lam familiar with, and accept the	State of Florida S	uch change was ction 607.0505. F	authoríze Iorida Sta	d by t tutes.	he corporati	oration submits this statement for the on's board of directors. I hereby acc	ept the appointment	g its registered as registered
2       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         LE       PD       DELETE       11.TITLE       Change       Addition         ME       COFFEY, ROBERT N       13.STREET ADDRESS       13.STREET ADDRESS       13.STREET ADDRESS         NY-SF-ZIP       WARWICK, RI 00000       14.GIY-SF-ZP       Change       Addition         VF.SF-ZIP       VTD       DELETE       21.TITLE       Change       Addition         ME       COFFEY, JACQUELYN R       22.WAME       23.STREET ADDRESS       13.STREET ADDRESS       14.GIY-SF-ZP         WARWICK, RI       D       DELETE       23.STREET ADDRESS       23.STREET ADDRESS       16.GRANGE	NATURE								1
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I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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									