

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **315601** (5)
1. Corporation Name
PRU-LESCO, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/05/1967	
4. FEI Number 05-0314839	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current 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 85 Zip Code
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10. Name and Address of New Registered Agent
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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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	COFFEY, ROBERT N	1.2 NAME	
STREET ADDRESS	181 COWSETT GREEN DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WARWICK, RI 00000	1.4 CITY - ST - ZIP	
TITLE	VTD	2.1 TITLE	
NAME	COFFEY, JACQUELYN R	2.2 NAME	
STREET ADDRESS	181 COWSETT GREEN DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	WARWICK, RI.	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FIEDLER, WILLIAM	3.2 NAME	
STREET ADDRESS	5 JEROME AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	WARWICK RI	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	
NAME	DOUMATO, GABRIEL	4.2 NAME	
STREET ADDRESS	64 ALUMNI AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	VIENS, ROBERT	5.2 NAME	
STREET ADDRESS	1269 NORTH ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	DAYVILLE CT	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)(f), 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: *Sandra B. Mortham* **1/16/98** (401) 726-8484

CR2E034 (10/97)