

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6384

From:  
Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

**CORPORATION REINSTATEMENT  
WD-40 COMPANY**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$1,658.75

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 MAY 13 PM 4:23

PLEASE READ ALL INSTRUCTIONS BEFORE

**CORPORATION REINSTATEMENT**



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

**DOCUMENT #** F0000004846

1. Corporation Name  
**WD-40 COMPANY**

06-10  
**REINSTATEMENT**  
B 5/13/10  
CR2E081 (4/10)

2. Principal Office Address - No P.O. Box # <b>1061 Cudahy Pl.</b>		3. Mailing Office Address <b>1061 Cudahy Pl.</b>	
City & State <b>SAN Diego, CALIFORNIA</b>		City & State <b>SAN Diego, CALIFORNIA</b>	
Zip <b>92110</b>	Country <b>U.S.A.</b>	Zip <b>92110</b>	Country <b>U.S.A.</b>

4. Date Incorporated or Qualified To Do Business in Florida **08/28/2000**

5. FEI Number **95-1797918** Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  SS 75. Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CT CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation** State **FL** Zip Code **33324**

**PROFIT CORPORATIONS ONLY**

The \$600.00 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent *[Signature]* **REGISTERED AGENT MUST SIGN** Date **05/12/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	RIDGE, BARRY O.	1061 Cudahy Place	SAN Diego, CA 92110
DIR.	ADAMS, JOHN C JR.	123 South Front Street	MEMPHIS, TN 38103
CFO	REMBOLT, JAY	1061 Cudahy Place	SAN Diego, CA 92110
DIR.	CRIVELLO, MARIO	340 SAN FERNANDO ST.	SAN Diego, CA 92106
DIR.	SCHMALE, NEAL	101 Ash Street	SAN Diego, CA 92101

10. E-mail Address: **mitchell@wd40.com**  
(To be used for future annual report notification)

11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* Date **5/12/10** 619.275.9319  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #