

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90239 037 ***150.00

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1. Entity Name
RUST-OLEUM SALES COMPANY, INC.



Principal Place of Business
**11 HAWTHORN PARKWAY
VERNON HILLS, IL 60061 US**

Mailing Address
**11 HAWTHORN PARKWAY
VERNON HILLS, IL 60061 US**



04122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1001661

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
☐ Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TELLOR, MICHAEL D
STREET ADDRESS	11 HAWTHORN PARKWAY
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	VD
NAME	REED, THOMAS E
STREET ADDRESS	11 HAWTHORN PARKWAY
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	T
NAME	PASHA, RASHEED
STREET ADDRESS	11 HAWTHORN PARKWAY
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	S
NAME	TOMPKINS, P. KELLY
STREET ADDRESS	2628 PEARL ROAD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	AS
NAME	RICE, RONALD A
STREET ADDRESS	2628 PEARL ROAD
CITY-ST-ZIP	MEDINA, OH 44256
TITLE	DAS
NAME	GILLMANN, STEPHEN J
STREET ADDRESS	11 HAWTHORN PARKWAY
CITY-ST-ZIP	VERNON HILLS, IL 60061

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04