


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000006580</b> 1. Entity Name <b>RUST-OLEUM SALES COMPANY, INC.</b>	
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Principal Place of Business <b>11 HAWTHORN PARKWAY VERNON HILLS, IL 60061 US</b>	Mailing Address <b>11 HAWTHORN PARKWAY VERNON HILLS, IL 60061 US</b>
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**DO NOT WRITE IN THIS SPACE**



02082005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>34-1001661</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELLOR, MICHAEL D 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REED, THOMAS E 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PASHA, RASHEED 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMPKINS, P. KELLY 2628 PEARL ROAD MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RICE, RONALD A 2628 PEARL ROAD MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS GILLMANN, STEPHEN J 11 HAWTHORN PARKWAY VERNON HILLS, IL 60061

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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 all other like empowered.

SIGNATURE: RASHEED PASHA 2/16/05 (847) 816-2324  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #