2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F00000006580

Entity Name: RUST-OLEUM SALES COMPANY, INC.

FILED Oct 10, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	ORN PARKWAY IILLS, IL 60061	US			
Current Mailing Address:			New Mailing Address:		
	ORN PARKWAY IILLS, IL 60061	US			
FEI Number:	34-1001661 FE	El Number Applied For() FEI N	lumber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Na			Name and Address of	of New Registered Agent:	
CORPORATION SERVICE COMPANY					
1201 HAYS STREET TALLAHASSEE, FL 323012525 US					
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.					
SIGNATURE: MICHAEL T. MURPHY					
Electronic Signature of Registered Agent Date					
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$	
Title: Name: Address: City-St-Zip:	PD () Dele TELLOR, MICHAEL I 11 HAWTHORN PAR VERNON HILLS, IL	D RKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () Dele REED, THOMAS E 11 HAWTHORN PAR VERNON HILLS, IL	KWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Dele PASHA, RASHEED 11 HAWTHORN PAR VERNON HILLS, IL	KWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Dele TOMPKINS, P. KELL 2628 PEARL ROAD MEDINA, OH 44256	Y	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS () Dele RICE, RONALD A 2628 PEARL ROAD MEDINA, OH 44256		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DAS () Dele GILLMANN, STEPHE 11 HAWTHORN PAR VERNON HILLS, IL	N J KWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN J. GILLMANN DAS 10/10/2006