

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90024 040 \*\*\*150.00

<b>DOCUMENT # F04000006659</b> 1. Entity Name <b>RUST-OLEUM SERVICE COMPANY</b>					
Principal Place of Business <b>11 HAWTHORN PARKWAY VERNON HILLS, IL 60061</b>			Mailing Address <b>11 HAWTHORN PARKWAY VERNON HILLS, IL 60061</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01052006    Chg-P    CR2E034 (11/05)	
4. FEI Number <b>34-2020717</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  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition	
NAME	TELLOR, MICHAEL D		NAME		
STREET ADDRESS	11 HAWTHORN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS, IL 60061		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REED, THOMAS E		NAME	P REED, THOMAS E	
STREET ADDRESS	11 HAWTHORN PARKWAY		STREET ADDRESS	11 HAWTHORN PARKWAY	
CITY-ST-ZIP	VERNON HILLS, IL 60061		CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASHA, RASHEED		NAME		
STREET ADDRESS	11 HAWTHORN PARKWAY		STREET ADDRESS		
CITY-ST-ZIP	VERNON HILLS, IL 60061		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TOMPKINS, P. KELLY		NAME	AS MICHAEL T MURPHY	
STREET ADDRESS	2628 PEARL RD.		STREET ADDRESS	11 HAWTHORN PARKWAY	
CITY-ST-ZIP	MEDINA, OH 44258		CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GILLMANN, STEPHEN J		NAME	S GILLMANN, STEPHEN J	
STREET ADDRESS	11 HAWTHORN PARKWAY		STREET ADDRESS	11 HAWTHORN PARKWAY	
CITY-ST-ZIP	VERNON HILLS, IL 60061		CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, RONALD A		NAME		
STREET ADDRESS	2628 PEARL RD.		STREET ADDRESS		
CITY-ST-ZIP	MEDINA, OH 44258		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:			RASHEED PASHA		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		

(847) 367-7700