

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006659

FILED
Apr 08, 2009
Secretary of State

Entity Name: RUST-OLEUM SERVICE COMPANY

Current Principal Place of Business:

11 HAWTHORN PARKWAY
VERNON HILLS, IL 60061

New Principal Place of Business:

Current Mailing Address:

11 HAWTHORN PARKWAY
VERNON HILLS, IL 60061

New Mailing Address:

FEI Number: 34-2020717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REED, THOMAS E
Address: 11 HAWTHORN PKWY
City-St-Zip: VERNON HILLS, IL 60061

Title: T () Delete
Name: HARMEYER, DONALD L
Address: 11 HAWTHORN PARKWAY
City-St-Zip: VERNON HILLS, IL 60061

Title: AS () Delete
Name: MURPHY, MICHAEL T
Address: 11 HAWTHORN PKWY
City-St-Zip: VERNON HILLS, IL 60061

Title: S () Delete
Name: GILLMANN, STEPHEN J
Address: 11 HAWTHORN PKWY
City-St-Zip: VERNON HILLS, IL 60061

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: TOMPKINS, P. KELLY
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44258

Title: D () Change (X) Addition
Name: RICE, RONALD A
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44258

I hereby certify that the information supplied with this filing does not qualify 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: DONALD L HARMEYER

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date