

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000001273

1. Entity Name

RPM WOOD FINISHES GROUP, INC.



Principal Place of Business

22 SOUTH CENTER STREET
HICKORY, NC 28603

Mailing Address

P.O. BOX 22000
HICKORY, NC 28603

DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number

94-2477714

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SULLIVAN, FRANK C 2628 PEARL ROAD MEDINA, OH 44256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLMAN, RONNIE G 22 SOUTH CENTER STREET HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HYDE, GORDON M 22 SOUTH CENTER STREET HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CASH, JAMES S 22 SOUTH CENTER STREET HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEBB, GREGOR 22 SOUTH CENTER STREET HICKORY, NC 28603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMPKINS, P. KELLY 2628 PEARL ROAD MEDINA, OH 44256

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01/18/06-80028-017 150.00

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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 all other like empowered.

SIGNATURE: Gregor A. Webb
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 11, 2006
Date

828-261-0325
Daytime Phone #