2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# F05000001273

Entity Name: RPM WOOD FINISHES GROUP, INC.

Current Principal Place of Business:

22 SOUTH CENTER STREET
HICKORY, NC 28603

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 22000
HICKORY, NC 28603

New Mailing Address:

FEI Number: 94-2477714 **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: CD ( ) Delete
Name: SULLIVAN, FRANK C
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44256

Title: P ( ) Delete
Name: HOLMAN, RONNIE G
Address: 22 SOUTH CENTER STREET
City-St-Zip: HICKORY, NC 28603

Title: V ( ) Delete
Name: HYDE, GORDON M
Address: 22 SOUTH CENTER STREET
City-St-Zip: HICKORY, NC 28603

Title: V ( ) Delete
Name: CASH, JAMES S
Address: 22 SOUTH CENTER STREET
City-St-Zip: HICKORY, NC 28603

Title: T ( ) Delete
Name: HARRIS, WESLEY
Address: 22 SOUTH CENTER STREET
City-St-Zip: HICKORY, NC 28603

Title: S ( ) Delete
Name: TOMPKINS, P. KELLY
Address: 2628 PEARL ROAD
City-St-Zip: MEDINA, OH 44256

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

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

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: WESLEY HARRIS T 01/28/2009

Electronic Signature of Signing Officer or Director — Date