

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002304

Entity Name: VALSPAR REFINISH, INC.

FILED  
Apr 29, 2010  
Secretary of State

## Current Principal Place of Business:

901 THIRD AVENUE NORTH  
MINNEAPOLIS, MD 55402

## New Principal Place of Business:

901 THIRD AVENUE NORTH  
MINNEAPOLIS, MN 55402

## Current Mailing Address:

P.O. BOX 1461  
MINNEAPOLIS, MN 55440

## New Mailing Address:

P.O. BOX 1461  
ATTN: TAX DEPARTMENT  
MINNEAPOLIS, MN 55440

FEI Number: 64-0647678

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CHRM  
Name: ERDAHL, STEVEN L  
Address: 901 THIRD AVENUE NORTH, P.O. BOX 1461  
City-St-Zip: MINNEAPOLIS, MN 55440

Title: P  
Name: ERDAHL, STEVEN L  
Address: 901 THIRD AVENUE NORTH, P.O. BOX 1461  
City-St-Zip: MINNEAPOLIS, MN 55440

Title: VTD  
Name: WALKER, LORI A  
Address: 901 THIRD AVENUE NORTH, P.O. BOX 1461  
City-St-Zip: MINNEAPOLIS, MN 55440

Title: SD  
Name: ENGH, ROLF  
Address: 901 THIRD AVENUE NORTH, P.O. BOX 1461  
City-St-Zip: MINNEAPOLIS, MN 55440

I hereby 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 all other like empowered.

SIGNATURE: BONNIE PLATT

TC

04/29/2010

Electronic Signature of Signing Officer or Director

Date