

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 JUL -7 AM 8:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F93000001963 (8)

1. Corporation Name

BEHR PAINT CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
3400 SEGERSTROM SANTA ANA CA 92704	3400 SEGERSTROM SANTA ANA CA 92704

3. Date Incorporated or Qualified 04/26/1993	3a. Date of Last Report 07/20/1994
4. FEI Number 33-0554971	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	29 Country
30	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	
B2 Street Address (P.O. Box Number Is Not Acceptable)	
B3	
B4 City	FL
B5 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAFFEE, P K	1.2 NAME	<i>Jaffe, PK (spelling only)</i>
STREET ADDRESS	3400 W. SEGERSTROM	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA CA 92704	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	
NAME	CROUL, JOHN V	2.2 NAME	
STREET ADDRESS	3400 W. SEGERSTROM	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA CA 92704	2.4 CITY - ST - ZIP	
TITLE	CFOD	3.1 TITLE	
NAME	FILLEY, JEFF	3.2 NAME	
STREET ADDRESS	3400 W. SEGERSTROM	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA ANA CA 92704	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jeffrey D. Filley* **Jeffrey D. Filley** **6/22/95** 714 545-7101
Signature, typed or printed name of signing officer or director Date

CR2E034 (3/95)