

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000001963 (8)**

1. Corporation Name  
**BEHR PAINT CORP.**



Principal Place of Business <b>3400 SEGERSTROM                  SANTA ANA CA 92704</b>	Mailing Address <b>3400 SEGERSTROM                  SANTA ANA CA 92704</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1993</b>	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	24 Zip	25 Country
21		26		4. FEI Number <b>33-0554971</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>Pres/CEO/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JAFFE, P K</b>	1.2 NAME	<b>Ronald Lazof</b>
STREET ADDRESS	<b>3400 W. SEGERSTROM</b>	1.3 STREET ADDRESS	<b>3400 W. Segerstrom Avenue</b>
CITY-ST-ZIP	<b>SANTA ANA CA</b>	1.4 CITY-ST-ZIP	<b>Santa Ana, CA 92704</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Vice President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROUL, JOHN V</b>	2.2 NAME	<b>John Croul</b>
STREET ADDRESS	<b>3400 W. SEGERSTROM</b>	2.3 STREET ADDRESS	<b>3400 W. Segerstrom Avenue</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92704</b>	2.4 CITY-ST-ZIP	<b>Santa Ana, CA 92704</b>
TITLE	<b>CFOD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Sect/CFO/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FILLEY, JEFF</b>	3.2 NAME	<b>Jeffrey Filley</b>
STREET ADDRESS	<b>3400 W. SEGERSTROM</b>	3.3 STREET ADDRESS	<b>3400 W. Segerstrom Avenue</b>
CITY-ST-ZIP	<b>SANTA ANA CA 92704</b>	3.4 CITY-ST-ZIP	<b>Santa Ana, CA 92704</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: \_\_\_\_\_ **Ronald Lazof 4/11/98 711 545-7101**

CR2E034 (10/97)