


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F93000001963**

1. Entity Name  
**BEHR PAINT CORP.**



Principal Place of Business  
**3400 SEGERSTROM  
SANTA ANA, CA 92704**

Mailing Address  
**C/O TAX DEPARTMENT  
21001 VAN BORN ROAD  
TAYLOR, MI 48180-1340 US**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**33-0554971**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**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, 2005 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	D LEEKLEY, JOHN R 21001 VAN BORN RD TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEMIRO, ANTHONY 3400 W. SEGERSTROM SANTA ANA, CA 92704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FILLEY, JEFFREY 3400 W. SEGERSTROM SANTA ANA, CA 92704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GARGARO, EUGENE A JR. 21001 VAN BORN ROAD TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTS ROSOWSKI, ROBERT B 21001 VAN BORN ROAD TAYLOR, MI 481801340
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DORAN, DAVID A 21001 VAN BORN ROAD TAYLOR, MI 481801340

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04/25/05-80183-020 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **David A. Doran, VP** **4/21/05** **313/274-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #