

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90120 032 ***150.00

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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**

11028968



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0554971**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	KENNEDY, RAYMOND F
STREET ADDRESS	21001 VAN BORN RD
CITY-ST-ZIP	TAYLOR MI 48180-1340
TITLE	P <input type="checkbox"/> Delete
NAME	DEMIRO, ANTHONY
STREET ADDRESS	3400 W. SEGERSTROM
CITY-ST-ZIP	SANTA ANA CA 92704
TITLE	VPAS <input type="checkbox"/> Delete
NAME	FILLEY, JEFFREY
STREET ADDRESS	3400 W. SEGERSTROM
CITY-ST-ZIP	SANTA ANA CA 92704
TITLE	VSD <input type="checkbox"/> Delete
NAME	GARGARO, EUGENE A JR.
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR MI 48180-1340
TITLE	VTAS <input type="checkbox"/> Delete
NAME	ROSOWSKI, ROBERT B
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR MI 48180-1340
TITLE	V <input type="checkbox"/> Delete
NAME	DORAN, DAVID A
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR MI 48180-1340

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEEKLEY, JOHN R.
STREET ADDRESS	21001 VAN BORN ROAD
CITY-ST-ZIP	TAYLOR, MI 48180-1340
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D/V/T/AS
STREET ADDRESS	ROSOWSKI, ROBERT B.
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: **SIGNATURE REQUIRED** **David A. Doran, VP** **4/28/03** **313/274-7400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)