2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005011

Entity Name: THE O. M. SCOTT & SONS COMPANY

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
14111 SCOTTSLAWN ROAD MARYSVILLE, OH 43041						
Current Mailing Address:				New Mailing Address:		
14111 SCOTTSLAWN ROAD STE 3500 MARYSVILLE, OH 43041			14111 SCOTTSLAWN ROAD MARYSVILLE, OH 43041			
FEI Number: 31-1414921 FEI Number Applied For () FEI Num		FEI Num	nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VPAS () E CLAGGETT, EDV 14111 SCOTTSL MARYSVILLE, OH	AWN ROAD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	VP () E KELTY, MICHAEL 14111 SCOTTSL MARYSVILLE, OH	AWN ROAD		Title: Name: Address: City-St-Zip:	EVP (X) KELTY, MICHAI 14111 SCOTTS MARYSVILLE, (SLAWN ROAD
Title: Name: Address: City-St-Zip:	VPS () C ARAONOWITZ, D 14111 SCOTTSL MARYSVILLE, OH	AWN RD.		Title: Name: Address: City-St-Zip:	VPS (X) ARONOWITZ, E 14111 SCOTTS MARYSVILLE, (SLAWN RD.
Title: Name: Address: City-St-Zip:	T () C BRUENING, REB 825 S 5TH ST COLUMBUS, OH	ECCA J		Title: Name: Address: City-St-Zip:	T (X) DESANTIS, PAU 14111 SCOTTS MARYSVILLE, 0	SLAWN RD.
Title: Name: Address: City-St-Zip:	PCEO () E HAGEDORN, JAM 14111 SCOTTSL MARYSVILLE, OH	AWN RD		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip:	D () E MILLS, KAREN G 625 MADISON AV NEW YORK, NY	/E., 3RD FLOOR		Title: Name: Address: City-St-Zip:	D (X) BEASLEY, LYN 321 INDERA MI WINSTON-SALI	ILLS COURT

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: EDWARD R. CLAGGETT VPAS 03/05/2004