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FILED
Jul 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005391 (7)

1. Corporation Name
CONCO PAINT COMPANY

Principal Place of Business
8550 FLOTILLA AVE.
CITY OF COMMERCE CA 90040

Mailing Address
6550 FLOTILLA AVE.
CITY OF COMMERCE CA 90040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/17/1994	
21	12234 LOS NIETOS RD	26	12234 LOS NIETOS RD	4. FEI Number 95-4400460	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22		27		5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
City & State 23 SANTA FE SPRINGS, CA		City & State 28 SANTA FE SPRINGS, CA		6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
Zip 24 90670		Zip 29 90670		30	
Country		Country			

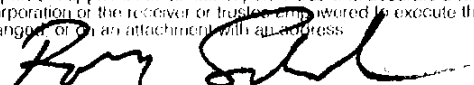
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DIRECTOR
NAME	TEETS, JOHN B.	1.2 NAME	
STREET ADDRESS	2025 ELKINS PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA CA	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	PRESIDENT
NAME	SMILAND, ROBERT M.	2.2 NAME	
STREET ADDRESS	1704 MILAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH PASADENA CA	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	RICHARDSON, J. MARK	3.2 NAME	
STREET ADDRESS	5448 E. EASTATE RIDGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM HILLS CA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BIGGS, STEVE	4.2 NAME	
STREET ADDRESS	4512 WOODDALE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	REYELTS, PAUL	5.2 NAME	
STREET ADDRESS	1819 JAMES AVENUE S	5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNEAPOLIS MI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	SECRETARY
NAME	SMILAND, WILLIAM M.	6.2 NAME	
STREET ADDRESS	251 TILDEN AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOS ANGELOS CA	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 in an attachment with an address.

SIGNATURE:  7-23-78 562-946-0677

CR2E034 (10/97)