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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

DOCUMENT # **F94000005391 (7)**

1. Corporation Name
CONCO PAINT COMPANY

Principal Place of Business	Mailing Address
6550 FLOTILLA AVE. CITY OF COMMERCE CA 90040	6550 FLOTILLA AVE. CITY OF COMMERCE CA 90040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1994

2. Principal Place of Business
21 12234 LOS NIETOS RD
Suite, Apt. #, etc. 22
City & State 23 SANTA FE SPRINGS, CA
Zip 24 90670 Country 25

2a. Mailing Address
26 12234 LOS NIETOS RD
Suite, Apt. #, etc. 27
City & State 28 SANTA FE SPRINGS, CA
Zip 29 90670 Country 30

4. FEI Number: 95-4400460 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
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	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
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	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, 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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	☐ DELETE	6.1 TITLE	SECRETARY	☒ Change ☐ Addition
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		

CR2E034 (10/97)

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: _____ 7-23-98 562-946-0677