

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000006238 (8)

1. Corporation Name

PARKER PAINT MFG. CO., INC.

Principal Place of Business

3003 S TACOMA WAY
TACOMA WA 98411

Mailing Address

3003 S TACOMA WAY
TACOMA WA 98411

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	City & State
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0102 and 607.1508, Florida Statute, 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 Statute.

SIGNATURE

Signature of Registered Agent

Signature of Officer or Director

Date

12. OFFICERS AND DIRECTORS

TITLE	DS	DELETE
NAME	HANNON, JOHN F	
STREET ADDRESS	700 NICKERSON RD	
CITY, ST, ZIP	MARLBOROUGH MA 01752	
TITLE	D	DELETE
NAME	PARRICH, ANDREW R	
STREET ADDRESS	PENTAGON HOUSE, SIR FRANK WHITTLE RD	
CITY, ST, ZIP	DERBY DE21 4XA, ENGLAND	
TITLE	D	DELETE
NAME	FABULICH, JACK A	
STREET ADDRESS	3003 S TACOMA WAY	
CITY, ST, ZIP	TACOMA WA 98411	
TITLE	P	DELETE
NAME	ZAJAC, DAVID T	
STREET ADDRESS	3003 S TACOMA WAY	
CITY, ST, ZIP	TACOMA WA 98411	
TITLE	T	DELETE
NAME	TRAIKOVICH, GEORGE T	
STREET ADDRESS	3003 S TACOMA WAY	
CITY, ST, ZIP	TACOMA WA 98411	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	12. NAME	Change	Addition
2. STREET ADDRESS	13. STREET ADDRESS		
3. CITY, ST, ZIP	14. CITY, ST, ZIP		
4. TITLE	2. NAME	Change	Addition
5. NAME	23. STREET ADDRESS		
6. STREET ADDRESS	24. CITY, ST, ZIP		
7. CITY, ST, ZIP	3. TITLE	Change	Addition
8. NAME	32. NAME		
9. STREET ADDRESS	33. STREET ADDRESS		
10. CITY, ST, ZIP	34. CITY, ST, ZIP		
11. TITLE	4. TITLE	Change	Addition
12. NAME	42. NAME		
13. STREET ADDRESS	43. STREET ADDRESS		
14. CITY, ST, ZIP	44. CITY, ST, ZIP		
15. TITLE	5. TITLE	Change	Addition
16. NAME	52. NAME		
17. STREET ADDRESS	53. STREET ADDRESS		
18. CITY, ST, ZIP	54. CITY, ST, ZIP		
19. TITLE	6. TITLE	Change	Addition
20. NAME	62. NAME		
21. STREET ADDRESS	63. STREET ADDRESS		
22. CITY, ST, ZIP	64. CITY, ST, ZIP		

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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:

John F. Hannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Hannon

2/13/96

(508) 481-0700

CR2E034 (12/95)