


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000004946 1. Entity Name OMNOVA SOLUTIONS, INC.	
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Principal Place of Business 175 GHENT ROAD FAIRLAWN, OH 44333-3300	Mailing Address 175 GHENT ROAD FAIRLAWN, OH 44333-3300
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 34-1897652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCMULLEN, KEVIN M 175 GHENT ROAD FAIRLAWN, OH 443333300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HICKS, MICHAEL E 175 GHENT ROAD FAIRLAWN, OH 443333300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEMAY, JAMES C 175 GHENT ROAD FAIRLAWN, OH 443333300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SYRVALIN, KRISTINE 175 GHENT RD FAIRLAWN, OH 44333
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/13/04-30020-003 150.00

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IN THIS SPACE**

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: Michael L. Curran 1/6/04 330-869-4438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael L. Curran