FOR-PROFIT CORPORATION ANNUAL REPORT 1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001963 (8)

1. Corporation Name

BEHR PAINT CORP.

FILED
95 JUL -7 AM 8:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
3400 SEGERSTROM SANTA ANA CA 92704	3400 SEGERSTROM SANTA ANA CA 92704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1993	3a. Date of Last Report: 07/20/1994
4. FEI Number: 33-0554971	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTN PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

91 Name

92 Street Address (P.O. Box Number is Not Acceptable)

93

94 City FL 95 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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	JAFFEE, P K	1.2 NAME	Jaffe', PK (spelling only)
STREET ADDRESS	3400 W. SEGERSTROM	1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92704	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	CROUL, JOHN V	2.2 NAME	
STREET ADDRESS	3400 W. SEGERSTROM	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92704	2.4 CITY-ST-ZIP	
TITLE	CFOD	3.1 TITLE	☐ Change ☐ Addition
NAME	FILLEY, JEFF	3.2 NAME	
STREET ADDRESS	3400 W. SEGERSTROM	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ANA CA 92704	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeffrey D. Filley 6/22/95 714 545-7101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103845 FN