2001	<b>UNIFORM BUS</b>	R)	FILED								
DOCUMENT # P0000005941  1. Entity Name RPM GLOBAL, INC.						May 25, 2001 08:00 AM Secretary of State					
Principal Plac	e of Business BAUGH AVE, #300	Mailing Address	1							-	
TAMPA 33626	FL	TAMPA 33626		FL							
•	ace of Business IVERSITY AVE.	3. Mailing Address 3324 WEST UNIVERSITY AVE.		•						-	
Suite, Apt.		Suite, Apt. #, etc.	•			DO NOT WRITE IN THIS SPACE					
City & State	FL	City & State GAINESVILLE		FL		<ol> <li>FEI Number</li> <li>59-361807</li> </ol>	0		<del>;-</del> -	pplied For ot Applicable	
Zip 326072540	Country us	Zip 326072540	Coun	ntry		5. Certificate of S	Status Desired		\$8.75 Ac Fee Require		]
	6. Name and Address of Curren	t Registered Agent				<ol><li>Name and Ad-</li></ol>	dress of New	Registered	Agent		Ī
BACON 2959 FIRST	DAVID A AVE N			Name Street A	ddress (P.0	D. Box Number is	Not Acceptab	le)	<u>.</u> .	<u> </u>	<u>-</u>
ST PETERS 33713	BURG US	FL		City			<u> </u>	FI	Zip Cod	de	-
SIGNATURE _	named entity submits this statement is signature, typed or printed name of registered ages praction is eligible to satisfy its Intangib	nt and title if applicable. (NOTE:	Registere	d Agent signati	ure required wh	nen reinstating)	n Campaign F	05/2:	5/2001	00 May Be	
-	equirement and elects to do so.	After MAY 1, 200 Make Check Payabl	e to D			Trust F	und Contributi	on.	∐ Adde	d to Fees	
TITLE	OFFICERS ANI		12.		D	ADDITIONS/CH	ANGES TO OF	FICERS AN			48
NAME STREET ADDRESS CITY-ST-ZIP	HALL STEVEN D 7206 BAY CLUB CT TAMPA	☐ Delete  FL 33607			HALL	STEVEN V 98TH TERRACI SVILLE	D E	FL	Change 326072540	☐ Addition	CR2E034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete ,	TITU NAM STRE	E		***			☐ Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITU NAM STRE	<u> </u>				<u></u> _	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete					<u> </u>		Change	☐ Addilion	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	☐ Addition	
of the cor changed,	certify that the information supplied wi on this report or supplemental report poration or the receiver or trustee emi or on an attachment with an address	is true and accurate and that mo sowered to execute this report a	v sinna	THE COSH D	ialia ina cai	me legal effect as Florida Statutes; al	it made under	· aath: that l	am an office	r or director	
SIGNAT		PRINTED NAME OF SIGNING OFFICER O	R DIRECT	TOR		D 0	05/25/2001 Date		Daytime Phone #		