

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 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
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DOCUMENT # **P12643** (3)
1. Corporation Name
HARRISON PAINT CORP.



Principal Place of Business 1329 HARRISON AVENUE S.W. CANTON OH 44708	Mailing Address 1329 HARRISON AVENUE S.W. CANTON OH 44708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/22/1986	
				4. FEI Number 34-0653046	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALTERS, ROGER A			1.2 NAME	OSOWSKI, THOMAS J.		
STREET ADDRESS	1329 HARRISON AVENUE, S.W.			1.3 STREET ADDRESS	9200 WILDERNESS PASSAGE		
CITY-ST-ZIP	CANTON OH 44708			1.4 CITY-ST-ZIP	CHAGRIN FALLS, OH 44023		
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	VP/CFO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EVANS, ANDREW J			2.2 NAME	EVANS, ANDREW J.		
STREET ADDRESS	7580 KLINGSTON STREET, N.W.			2.3 STREET ADDRESS	7580 KLINGSTON STREET, N.W.		
CITY-ST-ZIP	MASSILLON OH 44646			2.4 CITY-ST-ZIP	MASSILLON, OH 44646		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOCKIUS, LOUIS V III			3.2 NAME			
STREET ADDRESS	4282 STRAUSSER STREET, N.W.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH CANTON OH 44720			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STRADLEY, GEORGE E II			4.2 NAME			
STREET ADDRESS	69 WEST DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	HARTVILLE OH 44632			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICOLA, LEE J			5.2 NAME			
STREET ADDRESS	220 MARKET AVENUE, SOUTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	CANTON OH 44702			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

Andrew J. Evans
Vice President & CFO

4/1/98 330-455-5125

SIGNATURE:

CR2E034 (10/97)