

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra H. Matheson Secretary of State 1700 N.W. CORNFIELD AVENUE
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APPROVED AND FILED

05/01/95 - 1 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 831096 (3)

1. Corporation Name
MASONITE CORPORATION

Principal Place of Business: **6400 POPLAR AVE., TAX DEPT MEMPHIS TN 38197**

Mailing Address: **6400 POPLAR AVE., TAX DEPT MEMPHIS TN 38197**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1973		3a. Date of Last Report 05/01/1994	
4. FEI Number 64-0198020		Applied For <input type="checkbox"/> Not Applicable	
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 has liability for intangible tax under S. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 607.0315 and 607.0316, Florida Statutes, this above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. The 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 607.0316, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	FARACI, JOHN V. TWO MANHATTANVILLE RD PURCHASE NY	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAM D	DAFFIN, ALTON 2 MANHATTANVILLE RD. PURCHASE NY	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS AT	FINNEGAN, JOHN 6400 POPLAR AVE. MEMPHIS TN	3. STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP VS	MARKUS, EDWARD A. 1 SOUTH WACKER DR. CHICAGO IL	4. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP V	MORRISON, JAMES V. 1 SOUTH WACKER DR. CHICAGO IL	5. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY, ST, ZIP T	CAMPOLL, WILLIAM 1 SOUTH WACKER DR. CHICAGO IL	6. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the recognition statute in Section 199.032(1)(b), Florida Statutes. I further certify that the information indicated on the 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. 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 on Block 12 or Block 13 of this filing or on an attached form with an addendum.

SIGNATURE: *John Finnegan* **John Finnegan 4/27/95** **703-666-9011**

SECRETARY OF STATE