

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 BANKERS BUILDING TALLAHASSEE, FLORIDA 32399
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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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	27	28	10/15/1973	05/01/1994
22. State of Report		27. State of Mailing Address		4. FEI Number	Applied For
23. City & State		28. City & State		64-0198020	Not Applicable
24	25	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country		30. Country		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

85. Zip Code

11. Pursuant to the provisions of Sections 607.0312 and 607.0315, 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 607.0315, 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		1. NAME	
STREET ADDRESS		1. STREET ADDRESS	
CITY, ST, ZIP		1. CITY, ST, ZIP	
TITLE	D DAFFIN, ALTON 2 MANHATTANVILLE RD. PURCHASE NY	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		2. NAME	
STREET ADDRESS		2. STREET ADDRESS	
CITY, ST, ZIP		2. CITY, ST, ZIP	
TITLE	AT FINNEGAN, JOHN 6400 POPLAR AVE. MEMPHIS TN	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		3. CITY, ST, ZIP	
TITLE	VS MARKUS, EDWARD A. 1 SOUTH WACKER DR. CHICAGO IL	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	V MORRISON, JAMES V. 1 SOUTH WACKER DR. CHICAGO IL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY, ST, ZIP		5. CITY, ST, ZIP	
TITLE	T CAMPOLL, WILLIAM 1 SOUTH WACKER DR. CHICAGO IL	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAM		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the recognition stated 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 or conservator of the corporation and I am required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 of this filing or on an attached form with my initials.

SIGNATURE: *John Finnegan* John Finnegan 4/27/95 (901) 743-1111