

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

**FILED**

**May 12 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 831096 (3)**

1. Corporation Name  
**MASONITE CORPORATION**

Principal Place of Business <b>6400 POPLAR AVE., TAX DEPT. MEMPHIS TN 38197</b>	Mailing Address <b>6400 POPLAR AVE., TAX DEPT. MEMPHIS TN 38197</b>
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>10/15/1973</b>	
4. FEI Number <b>64-0198020</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 607.0507 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 in plain name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PD</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SNAPP, MANCO L</b>	1.2 NAME
STREET ADDRESS	<b>ONE SOUTH WACKER DR</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>CHICAGO IL</b>	1.4 CITY-ST-ZIP
TITLE	<b>AT</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINNEGAN, JOHN</b>	2.2 NAME
STREET ADDRESS	<b>6400 POPLAR AVE.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MEMPHIS TN</b>	2.4 CITY-ST-ZIP
TITLE	<b>S</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUEDRY, JAMES W</b>	3.2 NAME
STREET ADDRESS	<b>TWO MANHATTANVILLE ROAD</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>PURCHASE NY</b>	3.4 CITY-ST-ZIP
TITLE	<b>V</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRISON, JAMES V.</b>	4.2 NAME
STREET ADDRESS	<b>1 SOUTH WACKER DR.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>CHICAGO IL</b>	4.4 CITY-ST-ZIP
TITLE	<b>T</b>	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAMPOLL, WILLIAM</b>	5.2 NAME
STREET ADDRESS	<b>1 SOUTH WACKER DR.</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>CHICAGO IL</b>	5.4 CITY-ST-ZIP
TITLE		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

Abingrow, WILLIAM K.  
One South Wacker Dr.  
Chicago, IL

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.

SIGNATURE *[Signature]* / John Finnegan 4/17/98 901-213-1000

CP2E034 (10/97)

**MASONITE CORPORATION  
OFFICERS & DIRECTORS LIST  
FEIN # 64--0198020**

<u>NAME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
President	Manco L. Snapp, Jr.	One South Wacker Dr. Chicago, IL 60606
Vice President	James U. Morrison	One South Wacker Dr. Chicago, IL 60606
Secretary	James W. Guedry	Two Manhattanville Rd. Purchase, NY 10577
Treasurer	William K. Abington	One South Wacker Dr. Chicago, IL 60606
Assistant Treasurer	John Finnegan	6400 Poplar Ave. Memphis, TN 38197
Assistant Treasurer	Thomas A Kliman	6400 Poplar Ave. Memphis, TN 38197
Director	Milan Turk	One South Wacker Dr. Chicago, IL 60606
Director	James Melican	One South Wacker Dr. Chicago, IL 60606
Director	Marianne Parrs	Two Manhattanville Rd. Purchase, NY 10577
Director	Manco L. Snapp, Jr.	One South Wacker Dr. Chicago, IL 60606