

2002 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 29, 2002 8:00 am
Secretary of State

03-13-2002 90066 022 ***150.00

DOCUMENT # **831096**

1. Entity 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**

2. Principal Place of Business
I. N. DALE MABRY
 Suite, Apt. #, etc.
#950
 City & State
TAMPA, FL
 Zip
33609
 Country
HILLSBOROUGH

3. Mailing Address
I. N. DALE MABRY
 Suite, Apt. #, etc.
#950
 City & State
TAMPA, FL
 Zip
33609
 Country
HILLSBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number **64-0198020** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name **STEVE MACISAGE**
 Street Address (P.O. Box Number is Not Acceptable)
I. N. DALE MABRY
 #950
 City **TAMPA** FL Zip Code **33609**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE DATE **5/16/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNAPP, MANCO L ONE SOUTH WACKER DR CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PHILIP ORSINO 1600 BRITANNIA ROAD E. MISSISSAUGA, ON L4W 1S2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT FINNEGAN, JOHN 6400 POPLAR AVE. MEMPHIS TN 38197 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P SECRETARY HARLEY ULSTER 1600 BRITANNIA ROAD E. MISSISSAUGA, ON L4W 1S2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORRISON, JAMES V. 1 SOUTH WACKER DR. CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V-P TREAS. ROBERT TUBBESING 1600 BRITANNIA ROAD E. MISSISSAUGA, ON L4W 1S2 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRUBAKER, RICHARD 1 SOUTH WACKER DR CHICAGO IL 60606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITHERS, BARBARA L 2 MANHATTANVILLE ROAD PURCHASE NY 10577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with or without like empowerment.

SIGNATURE: DATE **2/26/02** DAYTIME PHONE # **873 877-2726**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)