

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 831096

FILED
Jan 17, 2011
Secretary of State

Entity Name: MASONITE CORPORATION

Current Principal Place of Business:

1 N. DALE MABRY HWY
#950
TAMPA, FL 33609

New Principal Place of Business:

ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
300
TAMPA, FL 33602

Current Mailing Address:

1 N. DALE MABRY HWY
#950
TAMPA, FL 33609

New Mailing Address:

ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
300
TAMPA, FL 33602

FEI Number: 64-0198020

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLARK, MATTHEW
1 N DALE MABRY HWY
#950
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LYNCH, FREDERICK J
Address: ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
City-St-Zip: SUITE 300, TAMPA, FL 33602

Title: SVP
Name: CLARK, MATTHEW M
Address: ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
City-St-Zip: SUITE 300, TAMPA, FL 33602

Title: VPFN
Name: ERCEG, MARK
Address: ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
City-St-Zip: SUITE 300, TAMPA, FL 33602

Title: AS
Name: HEWLETT, TREVOR
Address: ONE TAMPA CITY CENTER 201 N. FRANKLIN ST
City-St-Zip: SUITE 300, TAMPA, FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TREVOR HEWLETT

AS

01/17/2011

Electronic Signature of Signing Officer or Director

Date