

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000007266

FILED
Apr 18, 2008
Secretary of State

Entity Name: MASCO BUILDER CABINET GROUP, INC.

Current Principal Place of Business:

21001 VAN BORN ROAD
TAYLOR, MI 48180

New Principal Place of Business:

5353 WEST US 223
ADRIAN, MI 49221

Current Mailing Address:

C/O TAX DEPT, 21001 VAN BORN ROAD
TAYLOR, MI 48180

New Mailing Address:

FEI Number: 38-3567931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSV () Delete
Name: GARGARO, EUGENE A JR.
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48180

Title: VTAS () Delete
Name: WADHAMS, TIMOTHY
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48180

Title: D () Delete
Name: SZNEWAJS, JOHN G
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 481801340

Title: P () Delete
Name: STRAUSS, KAREN
Address: 5353 WEST US 223
City-St-Zip: ADRIAN, MI 49221

Title: V () Delete
Name: MOLLIE, JERRY W
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48180

Title: D () Delete
Name: LEEKLEY, JOHN R
Address: 21001 VAN BORN
City-St-Zip: TAYLOR, MI 481801340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VCFO (X) Change () Addition
Name: POTTER, WARREN J
Address: 5353 WEST US 223
City-St-Zip: ADRIAN, MI 49221

Title: DTVS (X) Change () Addition
Name: SZNEWAJS, JOHN G
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 481801340

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JERRY W. MOLLIE

V

04/18/2008

Electronic Signature of Signing Officer or Director

_____ Date