


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000005245</b>	
1. Entity Name NHB INDUSTRIES, INC.	

Principal Place of Business ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746	Mailing Address ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
---	---

**DO NOT WRITE IN THIS SPACE**



03202006 No Chg-P CRZE034 (11/05)

4. FEI Number 63-1180010	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

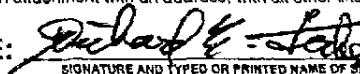
9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be  
Added to Fees

000000489209  
04/18/06-00007-006 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CARONARI, BRUCE A 25300 AL MOEN DRIVE NORTH OLMSTED, OH 44070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORBES, RICHARD E ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LAUTZENHISER, GARY G ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESLEY, NORMAN H ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCHE, MARK A 300 TOWER PARKWAY LINCOLNSHIRE, IL 60069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUSBERG, MARK 300 TOWER PARKWAY LINCOLNSHIRE, IL 60069

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Richard E. Forbes** **3/20/06** **(812) 482-2527**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #