

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001439

FILED
Feb 16, 2011
Secretary of State

Entity Name: THERMA-TRU CORP.

Current Principal Place of Business:

1750 INDIAN WOOD CIR.
MAUMEE, OH 43537

New Principal Place of Business:

Current Mailing Address:

1750 INDIAN WOOD CIR.
MAUMEE, OH 43537

New Mailing Address:

FEI Number: 34-1923454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: RANDICH, DAVID M
Address: 1750 INDIAN WOOD CIR.
City-St-Zip: MAUMEE, OH 43537

Title: C
Name: FORBES, RICHARD E
Address: ONE MASTERBRAND CABINETS DR.
City-St-Zip: JASPER, IN 47546

Title: S
Name: TASHMA, LAUREN S
Address: 520 LAKE COOK RD.
City-St-Zip: DEERFIELD, IL 60015

Title: T
Name: HANSBERG, MARK
Address: 520 LAKE COOK RD.
City-St-Zip: DEERFIELD, IL 60015

Title: AT
Name: ROOT, STANLEY
Address: 1750 INDIAN WOOD CIR.
City-St-Zip: MAUMEE, OH 43537

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: STANLEY ROOT

AT

02/16/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date