

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000885

**Entity Name:** MASTERBRAND CABINETS, INC.

**Current Principal Place of Business:**

ONE MASTERBRAND CABINETS DR  
JASPER, IN 47546

**Current Mailing Address:**

ONE MASTERBRAND CABINETS DR  
JASPER, IN 47546

**FEI Number:** 13-3346717

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 US

*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

**Officer/Director Detail :**

Title CHAIRMAN  
Name KLEIN, CHRISTOPHER  
Address 520 LAKE COOK RD.  
City-State-Zip: DEERFIELD IL 60015

Title CEO  
Name RANDICH, DAVID M  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title CFO  
Name SPRAY, CRAIG  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title VP  
Name JACOBS, ROBERT  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title PRESIDENT  
Name RANDICH, DAVID M  
Address 1 MASTERBRAND CABINETS DR  
City-State-Zip: JASPER IN 47546

*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:** CRAIG B. SPRAY

CFO

04/19/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date