

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000000885

**FILED**  
**Jan 10, 2018**  
**Secretary of State**  
**CC0755736708**

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

**Current Principal Place of Business:**

ONE MASTERBRAND CABINETS DRIVE  
JASPER, IN 47546

**Current Mailing Address:**

ONE MASTERBRAND CABINETS DRIVE  
JASPER, IN 47546 US

**FEI Number:** 13-3346717

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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, DIRECTOR  
Name KLEIN, CHRISTOPHER J.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

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

Title CFO, EXECUTIVE VICE PRESIDENT  
Name WARNSMAN, MARK B.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title SECRETARY  
Name PLA, ANGELA M.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title EXECUTIVE VICE PRESIDENT OF PRODUCT MANAGEMENT  
Name ECKMAN, BRIAN J.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title ASST. TREASURER  
Name KRUSE, CORY J.  
Address 950 BLUE GENTIAN ROAD SUITE 200  
City-State-Zip: EAGAN MN 55121

Title AUTHORIZED REPRESENTATIVE  
Name THOMPSON, GREG  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title VP  
Name WESTON, KATHLEEN  
Address 950 BLUE GENTIAN ROAD SUITE 200  
City-State-Zip: EAGAN MN 55121

**Continues on page 2**

*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:** GREG THOMPSON

**AUTHORIZED REPRESENTATIVE**

**01/10/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title EXECUTIVE VICE PRESIDENT OF SALES  
Name VAN DOREN , MARTIN S.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title EXECUTIVE VICE PRESIDENT OF RETAIL  
Name TOBIN, RICHARD M.  
Address ONE MASTERBRAND CABINETS DRIVE  
City-State-Zip: JASPER IN 47546

Title TREASURER  
Name LENZ, MATTHEW C.  
Address 520 LAKE COOK ROAD  
City-State-Zip: DEERFIELD IL 60015

Title VP, ASST. SECRETARY  
Name BIGGART, ROBERT K.  
Address 520 LAKE COOK ROAD  
City-State-Zip: DEERFIELD IL 60015