

2017 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, DIRECTOR
Name KLEIN, CHRISTOPHER
Address ONE MASTERBRAND CABINETS DR
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
Name WARNSMAN, MARK B
Address ONE MASTERBRAND CABINETS DR
City-State-Zip: JASPER IN 47546

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

Title SECRETARY
Name PLA, ANGELA M.
Address 520 LAKE COOK ROAD
City-State-Zip: DEERFIELD IL 60015

Title VP
Name ECKMAN, BRIAN J
Address ONE MASTERBRAND CABINETS DR
City-State-Zip: JASPER IN 47546

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

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

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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 PERSON

03/16/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title VP
Name VAV DOREN, MARTIN S
Address ONE MASTERBRAND CABINETS DR
City-State-Zip: JASPER IN 47546

Title VP
Name TOBIN, RICHARD M.
Address ONE MASTERBRAND CABINETS DR
City-State-Zip: JASPER IN 47546