

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002488

FILED
Apr 16, 2015
Secretary of State
CC4458043255

Entity Name: MASONITE INTERNATIONAL CORPORATION

Current Principal Place of Business:

2771 RUTHERFORD ROAD
CONCORD, XXXX

Current Mailing Address:

2771 RUTHERFORD ROAD
CONCORD, XXXX CA

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 PRESIDENT / DIRECTOR
Name LYNCH, FREDERICK J
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title ASSISTANT CORPORATE
 SECRETARY
Name HEWLETT, TREVOR
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title TREASURER
Name FREIBERGER, JOANNE
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name BYRNE, ROBERT
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name FOSTER, JONATHAN
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name FREEMAN, KENNETH W
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name LORCH, GEORGE A
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name SCRICCO, FRANCIS M
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602

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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: TREVOR HEWLETT

ASSISTANT CORPORATE 04/16/2015
SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WILLIS, JOHN C
Address ONE TAMPA CITY CENTER
 201 N FRANKLIN STREET STE 300
City-State-Zip: TAMPA FL 33602