

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90023 005 \*\*\*150.00

0535461 AV

**DOCUMENT # 295971**  
 1. Entity Name  
**CLOSETMAID CORPORATION**

Principal Place of Business <b>650 S.W. 27TH AVENUE          Ocala FL 34474          US</b>	Mailing Address <b>P.O. BOX 4400          Ocala FL 34478-4400          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>720 South West 17th St.</b>	3. Mailing Address <b>8000 W. Florissant Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Sta. 3854</b>
City & State <b>Ocala, FL 34478</b>	City & State <b>St. Louis, MO 63136</b>
Zip <b>34478</b>	Country <b>USA</b>
Zip <b>63136</b>	Country <b>USA</b>

4. FEI Number <b>59-1148072</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLY, PATRICK J 8000 W. FLORISSANT ST. LOUIS MO 63136-8506</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CLEMENTS, ROBERT 650 S.W. 27TH AVENUE OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CHARLES, DEBRA 650 S.W. 27TH AVENUE OCALA FL 34474</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, HARLEY M 8000 W. FLORISSANT ST. LOUIS MO 63136-8506</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAUER, CARL T 8000 W. FLORISSANT ST. LOUIS MO 63136-8506</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MOON, DAVID C 8000 W FLORISSANT AVE SAINT LOUIS MO 63136-8506</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PLEASE SEE ATTACHED LISTING.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David C Moon* **SIGNATURE REQUIRED** **Vice President & Asst. Treasurer** **3/11/02** **314-553-2058**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

**CLOSETMAID CORPORATION  
OFFICERS & DIRECTORS LISTING**

**DIRECTORS:**

P.J. Sly  
8000 W. Florissant Ave.  
St. Louis, MO 63136

C.T. Bauer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

H.M. Smith  
8000 W. Florissant Ave.  
St. Louis, MO 63136

*Attached*

*#205971  
753073*

**OFFICERS:**

C.T. Bauer – Asst. Secretary  
8000 W. Florissant Ave.  
St. Louis, MO 63136

D.M. Charles – Vice President – Finance  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478

R. Clements – President  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478

C. Moeller – Vice President – Marketing  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478

D.C. Moon – Vice President & Asst. Treasurer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

D.J. Rabe – Treasurer  
8000 W. Florissant Ave.  
St. Louis, MO 63136

K.M. Russell – Vice President – Management  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478

P.H. Shrigley – Vice President – Sales  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478

H.M. Smith – Secretary  
8000 W. Florissant Ave.  
St. Louis, MO 63136

W.E. Watts – Vice President – MIS  
720 South West 17<sup>th</sup> St.  
Ocala, FL 34478