

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90037 039 \*\*\*150.00

<b>DOCUMENT # 295971</b> 1. Entity Name <b>CLOSETMAID CORPORATION</b>					
Principal Place of Business <b>650 SW 27TH AVE. OCALA, FL 34474 US</b>			Mailing Address <b>8000 W. FLORISSANT AVE., SUITE 2586 SAINT LOUIS, MO 63136 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1148072</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SLY, PATRICK J 8000 W. FLORISSANT ST. LOUIS, MO 631368506</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAUER, CARL T 8000 W. FLORISSANT SAINT LOUIS, MO 63136</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPAT MOON, DAVID C 8000 W FLORISSANT AVE SAINT LOUIS, MO 63136</b> <input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b>		<b>David C. Moon</b> <b>V.P./Asst. Treasurer</b>		<b>2/19./08</b> <b>314-553-3485</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

PLEASE SEE ATTACHED FOR ADDITIONAL DIRECTORS & OFFICERS.

**CLOSETMAID CORPORATION**  
**DIRECTORS & OFFICERS**

**ATTACHMENT**

40044742  
# 295971

**DIRECTORS:**

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

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

Timothy G. Westman  
8000 W. Florissant Ave.  
St. Louis, MO 63136

**OFFICERS:**

Catherine Beal – Vice President – Human Resources  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

Debra M. Charles – Vice President – Finance  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

Robert J. Clements – President  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

J. David Hale – Executive Vice President  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

Craig Moeller – Vice President – Marketing  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

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

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

Phil H. Shrigley – Vice President – Sales  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

Wally E. Watts – Vice President – MIS  
650 SW 27<sup>th</sup> Ave.  
Ocala, FL 34474

Timothy G. Westman – Secretary  
8000 W. Florissant Ave.  
St. Louis, MO 63136