

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 295971

FILED
Apr 21, 2010
Secretary of State

Entity Name: CLOSETMAID CORPORATION

Current Principal Place of Business:

650 SW 27TH AVE.
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

8000 W. FLORISSANT AVE.
STATION 1999
SAINT LOUIS, MO 63136 US

New Mailing Address:

650 SW 27TH AVE.
OCALA, FL 34474 US

FEI Number: 59-1148072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D
Name: SLY, PATRICK J
Address: 8000 W. FLORISSANT
City-St-Zip: ST. LOUIS, MO 63136 US

Title: P
Name: CLEMENTS, ROBERT
Address: 650 S.W. 27TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VP
Name: CHARLES, DEBRA
Address: 650 S.W. 27TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: EVP
Name: HALE, JAMES D
Address: 650 S.W. 27TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: VPAT
Name: MOON, DAVID C
Address: 8000 W FLORISSANT AVE
City-St-Zip: SAINT LOUIS, MO 63136 US

Title: S
Name: WESTMAN, TIMOTHY G
Address: 8000 W. FLORISSANT AVE.
City-St-Zip: ST. LOUIS, MO 63136 US

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: DEBRA CHARLES

VP

04/21/2010

Electronic Signature of Signing Officer or Director

Date