


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

|                                                                    |                                                                                   |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # F02000003842<br>1. Entity Name<br>RITE-HITE DOORS, INC. |  |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                 |                                                                |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business<br>8900 NORTH ARBON DR.<br>MILWAUKEE, WI 53224-9520 | Mailing Address<br>P.O. BOX 245020<br>MILWAUKEE, WI 53224-9520 |
|---------------------------------------------------------------------------------|----------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)

|                                                           |                                |
|-----------------------------------------------------------|--------------------------------|
| 4. FEI Number<br>39-1813579                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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</b><br><b>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | 000000052578<br>02/16/04-80096-022 150.00 |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                    |                                                                             |
|----------------------------------------------------|-----------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>WHITE, MICHAEL H<br>8900 NORTH ARBON DR.<br>MILWAUKEE, WI 532249520    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>MANICH, GLENN R<br>8900 NORTH ARBON DR.<br>MILWAUKEE, WI 532249520     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VT<br>MASLOWSKI, CLEM F<br>8900 NORTH ARBON DR.<br>MILWAUKEE, WI 532249520  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | S<br>ESENBERG, RICHARD M<br>8900 NORTH ARBON DR.<br>MILWAUKEE, WI 532249520 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | T<br>KIRKISH, MARK S<br>8900 N. ARLOON DR<br>MILWAUKEE, WI 53223            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                             |

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard M. Esenberg Secretary Date 2/12/04 414  
362-0643