


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90080 020 ***150.00

DOCUMENT # F02000003842	
1. Entity Name RITE-HITE DOORS, INC.	

Principal Place of Business 8900 NORTH ARBON DR. MILWAUKEE, WI 53224-9520	Mailing Address P.O. BOX 245020 MILWAUKEE, WI 53224-9520
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DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 39-1913579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

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

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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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/7/05 44-362-0043
Daytime Phone #