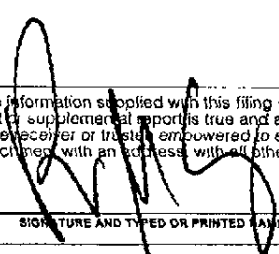


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		 01132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 39-1913579	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		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 _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	D		
NAME	WHITE, MICHAEL H		
STREET ADDRESS	8900 NORTH ARBON DR.		
CITY-ST-ZIP	MILWAUKEE, WI 532249520		
TITLE	P		
NAME	MANICH, GLENN R		
STREET ADDRESS	8900 NORTH ARBON DR.		
CITY-ST-ZIP	MILWAUKEE, WI 532249520		
TITLE	VT		
NAME	MASLOWSKI, CLEM F		
STREET ADDRESS	8900 NORTH ARBON DR.		
CITY-ST-ZIP	MILWAUKEE, WI 532249520		
TITLE	S		
NAME	ESENBERG, RICHARD M		
STREET ADDRESS	8900 NORTH ARBON DR.		
CITY-ST-ZIP	MILWAUKEE, WI 532249520		
TITLE	AT		
NAME	KIRKISH, MARK S		
STREET ADDRESS	8900 N. ARLOON DR		
CITY-ST-ZIP	MILWAUKEE, WI 53223		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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.			
SIGNATURE: 		Richard M. Esenberg 1-13-06 414 362-0643	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	