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	Mailing Address
8900 NORTH ARBON DR. MILWAUKEE, WI 53224-9520	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

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

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

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	

100000417083
02/13/06-80034-008 150.00

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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 #