

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003842

Entity Name: RITE-HITE DOORS, INC.

FILED
Jan 24, 2008
Secretary of State

Current Principal Place of Business:

8900 NORTH ARBON DR.
MILWAUKEE, WI 532249520

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 245020
MILWAUKEE, WI 532249520

New Mailing Address:

8900 NORTH ARBON DR.
MILWAUKEE, WI 53223

FEI Number: 39-1913579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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 () Delete
Name: WHITE, MICHAEL H
Address: 8900 NORTH ARBON DR.
City-St-Zip: MILWAUKEE, WI 53223

Title: P () Delete
Name: MANICH, GLENN R
Address: 8900 NORTH ARBON DR.
City-St-Zip: MILWAUKEE, WI 53223

Title: VT (X) Delete
Name: MASLOWSKI, CLEM F
Address: 8900 NORTH ARBON DR.
City-St-Zip: MILWAUKEE, WI 53223

Title: S () Delete
Name: ESENBERG, RICHARD M
Address: 8900 NORTH ARBON DR.
City-St-Zip: MILWAUKEE, WI 53223

Title: AT () Delete
Name: KIRKISH, MARK S
Address: 8900 N. ARBON DR
City-St-Zip: MILWAUKEE, WI 53223

Title: AS () Delete
Name: MCNEILL, MATTHEW C
Address: 8900 N. ARBON DR.
City-St-Zip: MILWAUKEE, WI 53223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: KIRKISH, MARK S
Address: 8900 N. ARBON DR
City-St-Zip: MILWAUKEE, WI 53223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD M. ESENBERG

S

01/24/2008

Electronic Signature of Signing Officer or Director

Date