

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004387

FILED
Apr 18, 2011
Secretary of State

Entity Name: CLOSETMAID NORTH AMERICA, INC.

Current Principal Place of Business:

650 SW 27TH AVE.
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

650 SW 27TH AVE.
OCALA, FL 34474

New Mailing Address:

FEI Number: 26-0041539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: CLEMENTS, ROBERT J
Address: 650 SW 27TH AVE
City-St-Zip: Ocala, FL 34474

Title: V
Name: CHARLES, DEBRA M
Address: 650 SW 27TH AVE
City-St-Zip: Ocala, FL 34474

Title: D
Name: SLY, PATRICK J
Address: 8000 W. FLORISSANT AVE
City-St-Zip: ST LOUIS, MO 63136

Title: VP
Name: MOELLER, CRAIG
Address: 650 S.E. 27TH AVENUE
City-St-Zip: Ocala, FL 34471

Title: VP
Name: CATHERINE, BEAL
Address: 650 SW 27TH AVENUE
City-St-Zip: Ocala, FL 34474

Title: VPAT
Name: MOON, DAVID C
Address: 8000 W FLORISSANT AVE
City-St-Zip: SAINT LOUIS, MO 63136

I hereby 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 all other like empowered.

SIGNATURE: DEBRA M. CHARLES

VP

04/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date