

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90277 044 ***150.00

DOCUMENT # F02000004387

1. Entity Name
CLOSETMAID NORTH AMERICA, INC.



Principal Place of Business
**650 SW 27TH AVE.
OCALA FL 34474**

Mailing Address
**650 SW 27TH AVE.
OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address
8000 W. Florissant Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Sta. 2586

City & State

City & State
St. Louis, MO

Zip

Country

Zip
63136

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **26-0041539**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
CLEMENTS, ROBERT J
STREET ADDRESS **650 SW 27TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☒ Addition
NAME **VP/AT**
Moon, David C.
STREET ADDRESS **8000 W. Florissant Ave.**
CITY-ST-ZIP **St. Louis, MO 63136**

TITLE ☐ Delete
NAME **V**
CHARLES, DEBBIE M
STREET ADDRESS **650 SW 27TH AVE**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S**
SMITH, HARLEY M
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

TITLE ☒ Change ☐ Addition
NAME **S/D**
Smith, Harley M.
STREET ADDRESS **8000 W. Florissant Ave.**
CITY-ST-ZIP **St. Louis, MO 63136**

TITLE ☐ Delete
NAME **T**
RABE, DAVID J
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
BAUER, CARL T
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

TITLE ☒ Change ☐ Addition
NAME **D/AS**
Bauer, Carl T.
STREET ADDRESS **8000 W. Florissant Ave.**
CITY-ST-ZIP **St. Louis, MO 63136**

TITLE ☐ Delete
NAME **D**
SLY, PATRICK J
STREET ADDRESS **8000 W. FLORISSANT AVE**
CITY-ST-ZIP **ST LOUIS MO 63136**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MOON - V.P. & Asst. Treasurer 1/31/03 314-553-2058

Date

Daytime Phone #

CR2034 (10/02)



Attachment
FO2000004387

Ronald L. Bednar
Director
Income Tax Compliance

8000 West Florissant Ave.
P.O. Box 4100
St. Louis, MO 63136-8506

T (314) 553 2058
E ron.bednar@emrson.com

February 6, 2003

80029257

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Please find enclosed our 2003 Florida Uniform Business Report for ClosetMaid North America, Inc. Also enclosed is our check in the amount of \$150.00, payment in full of the filing fee due.

We trust you will find the enclosed in order.

Sincerely,

R. L. Bednar / slk

R.L. Bednar

RLB:slk

Enclosures