2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F02000005256

Entity Name: WAUSAU TILE, INC.

Current Principal Place of Business:

9001 BUSINESS HIGHWAY 51
WAUSAU, WI 54402

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1520
WAUSAU, WI 544021520

New Mailing Address:

FEI Number: 39-0957472 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BECK, KEITH
9615 HANCOCK ROAD
LAKELAND, FL 33810 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: CRESKE, E.J.
Address: P.O. BOX 1520
City-St-Zip: WAUSAU, WI 544021520

Title: D ( ) Delete
Name: CRESKE, BILL
Address: P.O. BOX 1520
City-St-Zip: WAUSAU, WI 544021520

Title: DO ( ) Delete
Name: CRESKE, MARY
Address: P.O. BOX 1520
City-St-Zip: WAUSAU, WI 544021520

Title: DO ( ) Delete
Name: BORRELL, BRYAN
Address: PO BOX 1520
City-St-Zip: WAUSAU, WI 544021520

Title: DO ( ) Delete
Name: SCHWARTZ, CINDY
Address: PO BOX 1520
City-St-Zip: WAUSAU, WI 544021520

Title: DO ( ) Delete
Name: KNAUF, JOHN
Address: PO BOX 1520
City-St-Zip: WAUSAU, WI 544021520

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

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: JOHN KNAUF DO 01/14/2009

Electronic Signature of Signing Officer or Director Date