2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000885

Entity Name: MASTERBRAND CABINETS, INC.

FILED Apr 15, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

ONE MASTERBRAND CABINETS DR JASPER, IN 47546

Current Mailing Address: New Mailing Address:

ONE MASTERBRAND CABINETS DR JASPER, IN 47546

FEI Number: 13-3346717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US

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: [

 Name:
 CARBONARI, BRUCE A

 Address:
 23500 AL MOEN DRIVE

 City-St-Zip:
 NORTH OLMSTED, OH 44070

Title: CD

Name: STONER, GREGORY J

Address: ONE MASTERBRAND CABINETS DRIVE

City-St-Zip: JASPER, IN 47546

Title: V

Name: SPRAY, CRAIG

Address: ONE MASTERBRAND CABINETS DRIVE

City-St-Zip: JASPER, IN 47546

Title: \

Name: JACOBS, ROBERT

Address: ONE MASTERBRAND CABINETS DRIVE

City-St-Zip: JASPER, IN 47546

Title: VD

Name: WESLEY, NORMAN H
Address: 300 TOWER PARKWAY
City-St-Zip: LINCOLNSHIRE, IL 60069

Title: F

Name: STONER, GREGORY J

Address: 1 MASTERBRAND CABINETS DR

City-St-Zip: JASPER, IN 47546

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: GREGORY J STONER PRES 04/15/2011