


2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000005245	
1. Entity Name NHB INDUSTRIES, INC.	

Principal Place of Business ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746	Mailing Address ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
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DO NOT WRITE IN THIS SPACE



03202006 No Chg-P CRZE034 (11/05)

4. FEI Number 63-1180010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000489209 04/18/06-00007-006 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO CARBONARI, BRUCE A 25300 AL MOEN DRIVE NORTH OLMSTED, OH 44070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FORBES, RICHARD E ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEVP LAUTZENHISER, GARY G ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WESLEY, NORMAN H ONE MASTERBRAND CABINETS DRIVE JASPER, IN 45746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROCHE, MARK A 300 TOWER PARKWAY LINCOLNSHIRE, IL 60069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAUSBERG, MARK 300 TOWER PARKWAY LINCOLNSHIRE, IL 60069

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **Richard E. Forbes** **3/20/06** **(812) 482-2527**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #