

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003846

Entity Name: MARSHFIELD DOORSYSTEMS INC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

1401 E 4TH ST
MARSHFIELD, WI 54449

New Principal Place of Business:

Current Mailing Address:

PO BOX 7780
MMARSHFIELD, WI 544497780

New Mailing Address:

PO BOX 7780
MARSHFIELD, WI 544497780

FEI Number: 36-4402723

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COOMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: C (X) Delete
Name: FORREST, JIM
Address: ONE TOWNE SQUARE, STE 780
City-St-Zip: SOUTHFIELD, MI 48076

Title: D () Delete
Name: BROWN, NATHAN
Address: 676 N MICHIGAN AVE STE 3700
City-St-Zip: CHICAGO, IL 60611

Title: D () Delete
Name: REILLY, JOHN
Address: 644 SPRUCE AVE
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: BERGMAN, DONALD
Address: 1401 E 4TH ST
City-St-Zip: MARSHFIELD, WI 544497780

Title: VP () Delete
Name: SCHULTZ, LISA
Address: 1401 E 4TH ST
City-St-Zip: MARSHFIELD, WI 54449

Title: S () Delete
Name: FIRESTONE, JOANNE
Address: 1401 E 4TH ST
City-St-Zip: MARSHFIELD, WI 54449

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: LISA SCHULTZ

VP

01/16/2009

Electronic Signature of Signing Officer or Director

Date