

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003846

FILED  
Apr 17, 2012  
Secretary of State

Entity Name: MARSHFIELD DOORSYSTEMS INC

**Current Principal Place of Business:**

1401 E 4TH ST  
MARSHFIELD, WI 54449

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 7780  
MARSHFIELD, WI 544497780

**New Mailing Address:**

201 N FRANKLIN STREET  
SUITE 300  
TAMPA, FL 33602

FEI Number: 36-4402723

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LYNCH, FREDERICK J  
Address: 201 N FRANKLIN STREET, SUITE 300  
City-St-Zip: TAMPA, FL 33602

Title: SVP  
Name: CLARK, MATTHEW M  
Address: 201 N FRANKLIN STREET, SUITE 300  
City-St-Zip: TAMPA, FL 33602

Title: VPFN  
Name: ERCERG, MARK  
Address: 201 N FRANKLIN STREET, SUITE 300  
City-St-Zip: TAMPA, FL 33602

Title: S  
Name: MURPHY, ROSE  
Address: 201 N FRANKLIN STREET, SUITE 300  
City-St-Zip: TAMPA, FL 33602

Title: DP  
Name: REPAR, LAWRENCE  
Address: 201 N FRANKLIN STREET, SUITE 300  
City-St-Zip: TAMPA, FL 33602

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: TREVOR HEWLETT

AS

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date