

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001439

Entity Name: THERMA-TRU CORP.

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

1750 INDIAN WOOD CIR.
MAAUMEE, OH 43537

New Principal Place of Business:

1750 INDIAN WOOD CIR.
MAUMEE, OH 43537

Current Mailing Address:

1750 INDIAN WOOD CIR.
MAAUMEE, OH 43537

New Mailing Address:

1750 INDIAN WOOD CIR.
MAUMEE, OH 43537

FEI Number: 34-1923454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: RANDICH, DAVID M
Address: 1750 INDIAN WOOD CIR.
City-St-Zip: MAAUMEE, OH 43537

Title: C () Delete
Name: FORBES, RICHARD E
Address: ONE MASTERBRAND CABINETS DR.
City-St-Zip: JASPER, IN 47546

Title: S () Delete
Name: TASHMA, LAUREN S
Address: 520 LAKE COOK RD.
City-St-Zip: DEERFIELD, IL 60015

Title: T () Delete
Name: HANSBERG, MARK
Address: 520 LAKE COOK RD.
City-St-Zip: DEERFIELD, IL 60015

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RANDICH, DAVID M
Address: 1750 INDIAN WOOD CIR.
City-St-Zip: MAUMEE, OH 43537

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: AT () Change (X) Addition
Name: ROOT, STANLEY
Address: 1750 INDIAN WOOD CIR.
City-St-Zip: MAUMEE, OH 43537

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: STANLEY ROOT

AT

02/18/2009

Electronic Signature of Signing Officer or Director

Date