FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:53

DOCUMENT # F94000000805 (1)

1. Corporation Name
WOODCRAFT SUPPLY CORP.

Principal Place of Business	Mailing Address
P.O. BOX 1646 PARKERSBURG WV 26102	P.O. BOX 1646 PARKERSBURG WV 26102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 55-0643907. ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	KATCHUR, BRYAN J	1.2 NAME	Hamb, William
STREET ADDRESS	5300 BRISCOE RD.	1.3 STREET ADDRESS	915 Charleston National Plaza
CITY-ST-ZIP	PARKERSBURG WV 26101	1.4 CITY-ST-ZIP	Charleston, WV 25301
TITLE	Vice President & Director	2.1 TITLE	Director ☐ Change ☒ Addition
NAME	ROSS, SAMUEL B II	2.2 NAME	BROUGHTON, GEORGE
STREET ADDRESS	5300 BRISCOE RD.	2.3 STREET ADDRESS	810 North Seventh St.
CITY-ST-ZIP	PARKERSBURG WV 26101	2.4 CITY-ST-ZIP	Marietta, OH 45750
TITLE	S	3.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SMITH, DONNA M	3.2 NAME	ROOS, SUSAN
STREET ADDRESS	5300 BRISCOE RD.	3.3 STREET ADDRESS	4600 RIVER Road
CITY-ST-ZIP	PARKERSBURG WV 26101	3.4 CITY-ST-ZIP	Vienna WV 26105
TITLE	T	4.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	GERRARD, LARRY J	4.2 NAME	RECTOR, ROBERT
STREET ADDRESS	5300 BRISCOE RD.	4.3 STREET ADDRESS	5300 BRISCOE Rd
CITY-ST-ZIP	PARKERSBURG WV 26101	4.4 CITY-ST-ZIP	Parkersburg, WV 26102
TITLE	D	5.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	SUTTON, JAMES	5.2 NAME	Cochran, Douglas
STREET ADDRESS	~~ONE POND RD.~~ 6402 South TROY CIRCLE	5.3 STREET ADDRESS	1006 49th Street
CITY-ST-ZIP	ENGLEWOOD CO 80111	5.4 CITY-ST-ZIP	Vienna, WV 26105
TITLE	D	6.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	ROSS, S. BYRL	6.2 NAME	Harvey, Leonard
STREET ADDRESS	~~644 MARKET ST.~~ 5300 BRISCOE RD	6.3 STREET ADDRESS	802, 49th STREET
CITY-ST-ZIP	PARKERSBURG WV 26101	6.4 CITY-ST-ZIP	Vienna WV 26105

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donna M. Smith DONNA M. SMITH 1/24/95 (304) 422-5141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400153 FN