
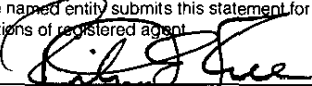
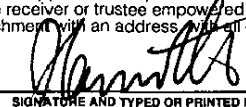


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90051 001 ***150.00

DOCUMENT # F96000004477 1. Entity Name BULRAD ILLINOIS INC.					
Principal Place of Business 1180 SPRINGFIELD ROAD WINNIPEG MANITOBA CANADA, CD			Mailing Address 1180 SPRINGFIELD ROAD WINNIPEG MANITOBA CANADA, CD		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 36-3722369			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 FEE & JEFFRIES 101 E KENNEDY BLVD #1030 BANK OF AMERICA PLAZA TAMPA, FL 33602			7. Name and Address of New Registered Agent Name Richard E. Fee Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd., Suite 3000 City Tampa, Florida 33602 FL Zip Code 33602		
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:  DATE: 3/2/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO BULLER, HERB 140 BLUE GRASS ROAD, WINNEPEG MANITOBA CANADA R2C 2Z2,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Richard Forbes One Masterbrand Cabinet Dr. Jasper, IN 47546-2248	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BULLER, MARK 7 OLD ORCHARD ROAD WINNEPEG, MA r2e 2z2		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BULLEN, JAMES 14 SANDSTONE PLACE WINNIPEG MB R25 OM3,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Gary G. Lautzenhiser One Masterbrand Cabinet Dr. Jasper, IN 47546-2248	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Jeff Lamothe 1180 Springfield Road Winnipeg MB R25 OM3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V William Rademaker 1180 Springfield Road Winnipeg MB R25 OM3	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Mark A Roche 300 Tower Parkway Lincolnshire, IL 60069-3640	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date: April 12 / 04 Daytime Phone #: 204 224 3211		

Attachment
24056300

11. Addition

Title: T

Name: Mark Hausberg

Address: 300 Tower Parkway

City-St-Zip: Lincolnshire, IL 60069-3640