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PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9700003790

1. Corporation Name

MASCO ACQUISITION SUBSIDIARY, INC.

Principal Place	e or Business	Mailing Address							
515 BIOG STON DUCANVILLE TX		21001 VAN BORN RD TAYLOR MI 48180				DO NOT WE	ITE IN TUIS	SBACE	
US		US				DO NOT WRITE IN THIS SPACE			
						r corporated or Qualifed			
						1/1997			
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI N	mber		Ap	plied For
515 Big Stone Gap Road 26					38-33	363271		No	t Applicable
Suite, Apt. :	#. etc.	Suite, Apt. #, etc.						\$8.75 A	Additional
22	•••	27			5. Certifo	ate of Status Desired		Fee Re	cuired
City & State		City & State			6 Flortic	n Campaign Financing		\$5.00	May Ro
 -	nville	 			1	tion Campaign Financing \$5.00 May Be Added to Fees			
,	Country	Zip Country							=1-000
Zip		<u> </u>				crporation owes the cur	rent year in	XXYes	
24			0			nal Property Tax.	Danistanad		
	9. Name and Address of Current	Registered Agent		T		and Address of New	Registered	Agent	
0.57	CORDODATION OVETEM		81	Name	•				
	CORPORATION SYSTEM		82	Stree	t Address (P.O. Bo	Number is Not Accept	able)		
	SOUTH PINE ISLAND ROAD		"-	000	(1,00,000 (1,10,100)		,		
PLAN	ITATION FL 33324		83	1					
			84	City			FL	85 Zip (Code
	to the provisions of Sc ctions 607.0502		455	<u> </u>		it this statement for the		f changing ite	rygietered
office or re	to the provisions of Sections 607.0302 egistered agent, or both, in the State of m familiar with, and accept the obligati	งf Florida. Such change was ถนป	horized by	the cor	poration's board of	cirectors. I hereby acce	pt the appo	intment as req	gistered
SIGNATURE									\
Signature, typed or printed name of registered agent and title if applicable. (NOTI:: R				nt signatur	required when reinstating		DATE	NO DIDECTO	T C (N 40
12.	OFFICERS AND		13.		ADDITI	ONS/CHANGES TO OF	-FICERS A		Addition
TITLE	DV	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	KENNEDY, RAYMOND		1.2 NAME						
STREET ADDRESS	21001 VAN BORN RD.		1.3 STREET ADDRESS		s				
CITY-ST-ZIP	TAYLOR MI 48180	YLOR MI 48180 1.4 c		T-ZIP					
TITLE	VTDA	☐ DELETE	2.1 TITLE		D V T AS			XX Change	Addition
NAME	MOSTELLER, RICHARD G		2.2 NAME		" V 1 AS			AA	į
	21001 VAN BORN RD.			T 400000					
STREET ADDRE'S			2.3 STREE		•				
CITY-ST-ZIP	TAYLOR MI 48180	, , , , , , , , , , , , , , , , , , ,	2. 4 CITY-1	ST-ZIP				Change	Addition
TITLE	VSD	☐ DELETE	3.1 TITLE		1			☐ Change	L Addition
NAME	GARGARO, EUGENE A JR		3.2 NAME						
STREET ADDRESS	21001 VAN BORN RD.		3.3 STREE	TADDRES	s				ŀ
CITY-ST-ZIP	TAYLOR MI 48180		3.4. CITY-	ST-ZIP					
TITLE	V	☐ DELETE	4.1 TITLE		T			Change	☐ Addition
NAME	DORAN, DAVID A		4. 2 NAME						ŀ
STREET ADDRESS	21001 VAN BORN RD.		4.3 STREE						-
	-		1		3				!
CITY-ST-ZIP	TAYLOR MI 48180	TATE OF FIF	4.4 CITY- S	1-413	+			Change	Addition
TITLE	V	XX DEFELE	5.1 TITLE		V	T 11		ondinge	XX
NAME	HENNESSEY, FRANK M		52 NAME			Leekley			
STREET ADDRESS	21001 VAN BORN RD.		5.3 STREE	TADDRES		an Born Road			J
C/TY-ST-ZIP	TAYLOR MI 48180		5.4 CITY-5	ST-ZIP	Taylor,	MI 48180		7777	
TITLE	P	☐ DELETE	6.1 TITLE					XX Change	Addition
NAME	LADD, C F		6.2 NAME						į
STREET ADDRESS	515 RIG STONE GAP RD		6.3 STREE	TADDRES	s				

14. Thereby 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 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, with a Lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DUANVILLE TX 75137

David A. Doran

Duncanville

4/22/99

Date

313/274-7400

Daytime Phone #