

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M03000000428

Entity Name: KRAFTMAID SALES AND DISTRIBUTION, LLC

FILED
Apr 14 2005
Secretary of State
VOID
FILED IN ERROR

Current Principal Place of Business:

16052 INDUSTRIAL PARKWAY
MIDDLEFIELD, OH 44062

New Principal Place of Business:

Current Mailing Address:

C/O TAX DEPT
21001 VAN BORN RD
TAYLOR, MI 48180

New Mailing Address:

FEI Number: 31-1536519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: ROSOWSKI, ROBERT B
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48183

Title: MGR () Delete
Name: GARGARO, EUGENE A JR
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48183

Title: MGR () Delete
Name: LEEKLEY, JOHN R
Address: 21001 VAN BORN ROAD
City-St-Zip: TAYLOR, MI 48183

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN R. LEEKLEY

MGR

04/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date