

# 2001 UNIFORM BUSINESS REPORT (UBR)

01 APR 26 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0030733 AB

DOCUMENT # M98000000544

1. Entity Name  
NORCRAFT COMPANIES, L.L.C.

Principal Place of Business  
3020 DENMARK AVE., SUITE 100  
EAGAN MN 55121

Mailing Address  
3020 DENMARK AVE., SUITE 100  
EAGAN MN 55121

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 36-4231718  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

7000004194637--0  
-05/10/01--01140--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGRM  
NAME BAGLEY, THOMAS S  
STREET ADDRESS 502 LAKE COOK ROAD, SUITE 375  
CITY-ST-ZIP DEERFIELD IL 60015-4926 ☐ Delete

TITLE MGRM  
NAME MANNING, RICHARD W  
STREET ADDRESS 502 LAKE COOK ROAD, SUITE 375  
CITY-ST-ZIP DEERFIELD IL 60015-4926 ☒ Delete

TITLE MGRM  
NAME BOUNDS, MARK A  
STREET ADDRESS 3075 SANDERS ROAD, SUITE G5D  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE MGRM  
NAME BLOOM, ERIK W  
STREET ADDRESS 3075 SANDERS ROAD, SUITE G5D  
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ Delete

TITLE MGRM  
NAME JAMES J. NORTON  
STREET ADDRESS 520 LAKE COOK RD, SUITE 375  
CITY-ST-ZIP DEERFIELD IL 60015-4926 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGRM  
NAME JAMES J NORTON  
STREET ADDRESS 520 Lake Cook Rd Suite 375  
CITY-ST-ZIP Deerfield IL 60015-4926 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)