2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am DOCUMENT # M9800000544 Secretary of State 01-23-2002 90083 048 ****55.00 NORCRAFT COMPANIES, L.L.C. Principal Place of Business Mailing Address 3020 DENMARK AVE., SUITE 100 3020 DENMARK AVE., SUITE 100 909553 **EAGAN MN 55121 EAGAN MN 55121** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-4231718 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City Zip Code FL 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 Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE ☐ Defete TITLE ☐ Change Addition BAGLEY, THOMAS S NAME NAME 502 LAKE COOK ROAD, SUITE 375 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFELD IL 60015-4926** CITY-ST-ZIP MGRM ☐ Delete TITLE ☐ Addition ☐ Change NORTON, JAMES J NAME NAME 520 LAKE COOK RD., SUITE 375 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD IL 60015-4926** CITY-ST-ZIP MGRM TITLE Delete TITLE Change ☐ Addition BOUNDS, MARK A NAME NAME STREET ADDRESS 3075 SANDERS ROAD, SUITE G5D STREET ADDRESS CITY-ST-7/P NORTHBROOK IL 60062 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE Change ☐ Addition BLOOM, ERIK W NAME NAME STREET ADDRESS 3075 SANDERS ROAD, SUITE G5D STREET ADDRESS CITY-ST-ZIP NORTHBROOK IL 60062 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Exec Vice President NAME NAME Van Horme, David B. STREET ADDRESS STREET ADDRESS 3020 Demmark Ave., Suite 100 CITY-ST-ZIP CITY-ST-ZIP ₿agan MN 55121 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Daytime Phone #

(651) 234-3300

James J. Norton President

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

SIGNATURE:

FILED