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FILED
May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P34941

(5)

1. Corporation Name

KRAFTMAID CABINETRY, INC.

Principal Place of Business

16052 INDUSTRIAL PKWY
MIDDLEFIELD OH 44062
US

Mailing Address

21001 VAN BORN RD.
TAYLOR MI 48180-1340



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified

07/30/1991

3a. Date of Last Report

04/30/1996

4. FEI Number

34-1378660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

XX

Yes

No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE VAS XX DELETE

1.2 NAME BRIGHT, GERALD
1.3 STREET ADDRESS 21001 VAN BORN RD.
1.4 CITY-ST-ZIP TAYLOR MI

2.1 TITLE D XX DELETE

2.2 NAME LYON, WAYNE B.
2.3 STREET ADDRESS 21001 VAN BORN RD.
2.4 CITY-ST-ZIP TAYLOR MI

3.1 TITLE DVAT DELETE

3.2 NAME MOSTELLER, RICHARD G.
3.3 STREET ADDRESS 21001 VAN BORN RD.
3.4 CITY-ST-ZIP TAYLOR MI

4.1 TITLE CEP DELETE

4.2 NAME MOODIE, RICHARD
4.3 STREET ADDRESS 16052 INDUSTRIAL PKWY.
4.4 CITY-ST-ZIP MIDDLEFIELD OH

5.1 TITLE VTCF DELETE

5.2 NAME SALTZ, PETER
5.3 STREET ADDRESS 16052 INDUSTRIAL PKWY.
5.4 CITY-ST-ZIP MIDDLEFIELD OH

6.1 TITLE SVP DELETE

6.2 NAME MYER, DALE
6.3 STREET ADDRESS 16052 INDUSTRIAL PKWY.
6.4 CITY-ST-ZIP MIDDLEFIELD OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V Change XX Addition

1.2 NAME David A. Doran
1.3 STREET ADDRESS 21001 Van Born Road
1.4 CITY-ST-ZIP Taylor, MI 48180

2.1 TITLE V/S/D Change XX Addition

2.2 NAME Eugene A. Gargaro, Jr.
2.3 STREET ADDRESS 21001 Van Born Road
2.4 CITY-ST-ZIP Taylor, MI 48180

3.1 TITLE D/V/AS/AT XX Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE CEO XX Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

SIGNATURE:

David A. Doran, VP 4/24/97 313/274-7400

CR2E034 (9/96)