

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1991	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 34-1378660		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	
				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

TITLE	V	<input type="checkbox"/> DELETE
NAME	DORAN, DAVID A	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	GARGARO JR, EUGENE A	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI	
TITLE	DVAS	<input type="checkbox"/> DELETE
NAME	MOSTELLER, RICHARD G.	
STREET ADDRESS	21001 VAN BORN RD.	
CITY-ST-ZIP	TAYLOR MI	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MOODIE, RICHARD	
STREET ADDRESS	16052 INDUSTRIAL PKWY.	
CITY-ST-ZIP	MIDDLEFIELD OH	
TITLE	VTCP	<input type="checkbox"/> DELETE
NAME	SALTZ, PETER	
STREET ADDRESS	16052 INDUSTRIAL PKWY.	
CITY-ST-ZIP	MIDDLEFIELD OH	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MYER, DALE	
STREET ADDRESS	16052 INDUSTRIAL PKWY.	
CITY-ST-ZIP	MIDDLEFIELD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DVASAT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 in an attachment with an address.

SIGNATURE

David A. Doran 4/28/98 313/274-7400

CP2E034 (10/97)