


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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90042 036 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P34941</b>					
1. Corporation Name <b>KRAFTMAID CABINETRY, INC.</b>					
Principal Place of Business <b>16052 INDUSTRIAL PKWY MIDDLEFIELD OH 44062 US</b>			Mailing Address <b>21001 VAN BORN RD. TAYLOR MI 48180</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/30/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>34-1378660</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>V DORAN, DAVID A</b>			1.2 NAME		
STREET ADDRESS <b>21001 VAN BORN RD.</b>			1.3 STREET ADDRESS		
CITY-STATE-ZIP <b>TAYLOR MI</b>			1.4 CITY-STATE-ZIP <b>48180</b>		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>VSD GARGARO JR, EUGENE A</b>			2.2 NAME		
STREET ADDRESS <b>21001 VAN BORN RD.</b>			2.3 STREET ADDRESS		
CITY-STATE-ZIP <b>TAYLOR MI</b>			2.4 CITY-STATE-ZIP <b>48180</b>		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <b>D V AS AT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>MOSTELLER, RICHARD G.</b>			3.2 NAME		
STREET ADDRESS <b>21001 VAN BORN RD.</b>			3.3 STREET ADDRESS		
CITY-STATE-ZIP <b>TAYLOR MI</b>			3.4 CITY-STATE-ZIP <b>48180</b>		
TITLE <input checked="" type="checkbox"/> DELETE			4.1 TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>MOODIE, RICHARD</b>			4.2 NAME <b>Thomas Chieffe</b>		
STREET ADDRESS <b>16052 INDUSTRIAL PKWY.</b>			4.3 STREET ADDRESS <b>16052 Industrial Parkway</b>		
CITY-STATE-ZIP <b>MIDDLEFIELD OH</b>			4.4 CITY-STATE-ZIP <b>Middlefield, OH 44062</b>		
TITLE <input checked="" type="checkbox"/> DELETE			5.1 TITLE <b>V Controller</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>SALTZ, PETER</b>			5.2 NAME <b>Andrew Rattray</b>		
STREET ADDRESS <b>16052 INDUSTRIAL PKWY.</b>			5.3 STREET ADDRESS <b>16052 Industrial Parkway</b>		
CITY-STATE-ZIP <b>MIDDLEFIELD OH</b>			5.4 CITY-STATE-ZIP <b>Middlefield, OH 44062</b>		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>SVP MYER, DALE</b>			6.2 NAME		
STREET ADDRESS <b>16052 INDUSTRIAL PKWY.</b>			6.3 STREET ADDRESS		
CITY-STATE-ZIP <b>MIDDLEFIELD OH</b>			6.4 CITY-STATE-ZIP <b>44062</b>		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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, with a power of attorney.

**SIGNATURE:**

David A. Doran 4/22/99 313/274-7400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)