2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V54382

Entity Name: LIBERTY HARDWARE MFG. CORP.

FILED Apr 19, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
140 BUSINESS PARK DRIVE WINSTON SALEM, NC 27107				140 BUSINESS PARK DRIVE SUITE 105 WINSTON SALEM, NC 27107		
Current Mailing Address:				New Mailing Address:		
21001 VAN BORN RD TAYLOR, MI 48180 US				C/O TAX DEPT., 21001 VAN BORN RD TAYLOR, MI 48180		
FEI Number: 11-2439429 FEI Number Applied For ()			FEI Nur	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	current Registered Agent:		Name and	Address of	New Registered Agent:
C/O CT CC 1200 SOU	ORATION SYS ORPORATION TH PINE ISLAI ON, FL 33324	SYSTEM ND RD.				
The above in the State		submits this statement for the po	urpose c	of changing i	ts registered	office or registered agent, or both,
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	nt			Date
Election Can	npaign Financin	g Trust Fund Contribution ().				
OFFICERS	S AND DIREC	TORS:		ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	P () VOLAS, GERAL 100 GALLERIA SOUTHFIELD, I	OFFICENTRE		Title: Name: Address: City-St-Zip:	WOODY, DON	X) Change ()Addition NALD S PARK DRIVE, SUITE 105 LEM, NC 27107
Title: Name: Address: City-St-Zip:	DVT () ROSOWSKI, R 21001 VAN BO TAYLOR, MI 4	RN RD		Title: Name: Address: City-St-Zip:	DVT (2 SZNEWAJS, v 21001 VAN BO TAYLOR, MI	ORN RD
Title: Name: Address: City-St-Zip:	DVS () GARGARO, E. A 21001 VAN BO TAYLOR, MI 48	RN RD		Title: Name: Address: City-St-Zip:	DVS (X GARGARO, E 21001 VAN BO TAYLOR, MI	ORN RD
Title: Name: Address: City-St-Zip:	V () DORAN, D A 21001 VAN BO TAYLOR, MI 4			Title: Name: Address: City-St-Zip:	V (X MOLLIEN, JEI 21001 VAN BO TAYLOR, MI	ORN RD
Title: Name: Address: City-St-Zip:	D () LEEKLEY, JOH 21001 VAN BOI TAYLOR, MI 48	RN RD		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VAS () WADHAMS, TIN 21001 VAN BOI TAYLOR, MI 4	RN RD		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY W. MOLLIEN VP 04/19/2006