

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 295971

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC4897337649**

**Entity Name:** CLOSETMAID CORPORATION

**Current Principal Place of Business:**

650 SW 27TH AVE.  
OCALA, FL 34471

**Current Mailing Address:**

650 SW 27TH AVE.  
OCALA, FL 34471 US

**FEI Number:** 59-1148072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P&D  
Name CLEMENTS, ROBERT J  
Address 650 S.W. 27TH AVENUE  
City-State-Zip: Ocala FL 34471

Title VP&D  
Name CHARLES, DEBRA M  
Address 650 S.W. 27TH AVENUE  
City-State-Zip: Ocala FL 34471

Title VP  
Name MOELLER, CRAIG  
Address 650 S.W. 27TH AVENUE  
City-State-Zip: Ocala FL 34471

Title TREASURER  
Name THOMASSON, JAMES H  
Address 8000 W FLORISSANT AVE  
City-State-Zip: SAINT LOUIS MO 63136

Title VP  
Name BEAL, CATHERINE  
Address 650 SW 27TH AVENUE  
City-State-Zip: Ocala FL 34471

Title VP  
Name GRAPER, KENNETH V  
Address 650 SW 27TH AVE  
City-State-Zip: Ocala FL 34471

Title VP  
Name GODEK, GARY  
Address 650SW 27TH AVE  
City-State-Zip: Ocala FL 34471

Title VP  
Name WATTS, WALTER E  
Address 650 SW 27TH AVE  
City-State-Zip: Ocala FL 34471

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*I hereby 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 all other like empowered.*

**SIGNATURE:** DEBRA M CHARLES

**VICE PRESIDENT OF  
FINANCE**

**04/14/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name SHIVELY, JOHN G  
Address 8000 W FLORISSANT AVE  
City-State-Zip: SAINT LOUIS MO 63136

Title ASST. SECRETARY  
Name LAZZARETTI, VICTOR A  
Address 8000 W FLORISSANT AVE  
City-State-Zip: SAINT LOUIS MO 63136