

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005577

Entity Name: ASSOCIATION OF MILLWORK DISTRIBUTORS,
INCORPORATED**Current Principal Place of Business:**10047 ROBERT TRENT JONES PKWY
NEW PORT RICHEY, FL 34655**Current Mailing Address:**10047 ROBERT TRENT JONES PKWY
NEW PORT RICHEY, FL 34655**FEI Number:** 62-0366120**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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 TREASURER
Name SIKORA, SIMON
Address 210 INDUSTRIAL PARKWAY
City-State-Zip: BRANCHBURG NJ 08876

Title DIRECTOR
Name BARBER, DAN
Address 4915 HAMILTON BLVD
City-State-Zip: THEODORE AL 36590

Title VP
Name ONDRASEK, DAVE
Address 16002 TOMBALL PARKWAY
City-State-Zip: HOUSTON TX 77086

Title VP
Name HARDER, SCOT
Address 215 E. ROOSEVELT AVENUE
City-State-Zip: ZEELAND MI 49464

Title PRESIDENT
Name POTTER, NATHANIEL
Address 1200 E CENTRE PARK BLVD
City-State-Zip: DE SOTO TX 75123

Title SECRETARY
Name LEONE, ROSALIE
Address 10047 ROBERT TRENT JONES PKWY
City-State-Zip: NEW PORT RICHEY FL 34655

Title VP
Name JOE, BAYER
Address 24614 U.S. HIGHWAY 71
City-State-Zip: BELGRADE MN 56312

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROSALIE LEONE**CHIEF EXECUTIVE
OFFICER****01/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date