2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004387

Entity Name: CLOSETMAID NORTH AMERICA, INC.

Current Principal Place of Business:

650 SW 27TH AVE. OCALA, FL 34471

Current Mailing Address:

650 SW 27TH AVE. OCALA, FL 34471

FEI Number: 26-0041539 Certificate of Status Desired: No

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

FILED Apr 24, 2013

Secretary of State

CC9986611823

Officer/Director Detail:

Title P Title V

NameCLEMENTS, ROBERT JNameCHARLES, DEBRA MAddress650 SW 27TH AVEAddress650 SW 27TH AVECity-State-Zip:OCALA FL 34471City-State-Zip:OCALA FL 34471

Title D Title VP

NameSLY, PATRICK JNameMOELLER, CRAIGAddress8000 W. FLORISSANT AVEAddress650 S.E. 27TH AVENUECity-State-Zip:ST LOUIS MO 63136City-State-Zip:OCALA FL 34471

Title VP Title T

Name CATHERINE, BEAL Name RABE, DAVID J

Address 650 SW 27TH AVENUE Address 8000 W FLORISSANT AVE
City-State-Zip: OCALA FL 34471 City-State-Zip: SAINT LOUIS MO 63136

Title VP Title VP

 Name
 EKERN , RANDALL G
 Name
 GODEK, GARY M

 Address
 650 SW 27TH AVE
 Address
 650 SW 27TH AVE

 City-State-Zip:
 OCALA FL 34471
 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

VP

Electronic Signature of Signing Officer/Director Detail

04/24/2013

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Date

Officer/Director Detail Continued:

Title VP Title VP, ASST. TREASURER

Name WATTS, WALTER E Name WILEY, CURT S

Address 650 SW 27TH AVE Address 8000 W FLORISSANT AVE City-State-Zip: OCALA FL 34471 City-State-Zip: SAINT LOUIS MO 63136

TitleSECRETARYTitleASST. SECRETARYNameSHIVELY, JOHN GNameLAZZARETTI, VICTOR AAddress8000 W FLORISSANTAddress8000 W FLORISSANT AVECity-State-Zip:SAINT LOUIS MO 63136City-State-Zip:SAINT LOUIS MO 63136