Phone: (503) 986-2200
Fax: (503) 378-4381

Application for Authority to Transact Business--Business/Professional

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

☒ FOREIGN BUSINESS CORPORATION
(Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11, 12)

☐ FOREIGN PROFESSIONAL CORPORATION
(Complete all items)

FILED
JAN 29 2009
OREGON
SECRETARY OF STATE

REGISTRY NUMBER: 5754774-90
For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website. For office use only

Please Type or Print Legibly in **Black** Ink. Attach Additional Sheet if Necessary.

1) **NAME OF CORPORATION** Masco Builder Cabinet Group, INC.
NOTE: Must be identical to the name on the Certificate of Existence. See #2.

2) **CERTIFICATE OF EXISTENCE** (This application must be accompanied by a certificate of existence, current within 60 days of delivery to this Division, authenticated by the official having custody of the corporate records in the jurisdiction of incorporation.)

☒ CERTIFICATE ATTACHED

3) **DATE OF INCORPORATION** 12/1/2000

DURATION, IF NOT PERPETUAL

4) **STATE OR COUNTRY OF ORGANIZATION**
Delaware

5) **ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS**
(Address, city, state, zip)
5353 West US-223
Adrian, MI 49221

6) **NAME OF OREGON REGISTERED AGENT**
C T Corporation System

7) **REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS** (Must be an **Oregon Street Address** which is identical to the registered agent's business office.)
388 State Street, Ste. 420
Salem, OR 97301

8) **ADDRESS FOR MAILING NOTICES**
21001 Van Born Road
Taylor, MI 48180

9) **NAME AND ADDRESS OF PRESIDENT AND SECRETARY**
President: Karen Strauss
Address: 5353 West US-223
Adrian, MI 49221

Secretary: Barry J. Silverman
Address: 21001 Van Born Rd
Taylor, MI 48180

PROFESSIONAL CORPORATION ONLY

10) **PROFESSIONAL/BUSINESS SERVICES** (List professional service(s) and other business services, if applicable, to be rendered.)

11) **EXECUTION**
Signature: [signature]
Printed Name: Jerry W. Mollien
Title: Vice President

12) **CONTACT NAME** (To resolve questions with this filing.)
Sharon A. Werner

DAYTIME PHONE NUMBER (Include area code.)
(313) 792-6437

FEES

Required Processing Fee	$50
Confirmation Copy (Optional)	$5

Processing Fees are nonrefundable.
Please make check payable to "Corporation Division."

NOTE:
Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.

5754474-90

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MASCO BUILDER CABINET GROUP" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-EIGHTH DAY OF JANUARY, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Jeffrey W. Bullock, Secretary of State

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AUTHENTICATION: 7105674

DATE: 01-28-09

You may verify this certificate online at corp.delaware.gov/authver.shtml