


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000003988

1. Entity Name
 NORTH AMERICAN BEDDING COMPANY



Principal Place of Business Mailing Address

ONE OFFICE PARKWAY ONE OFFICE PARKWAY
 TRINITY, NC 27370 TRINITY, NC 27370

DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 34-1449446 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000119714
 04/19/04-80109-023 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCILQUHAM, DAVID J ONE OFFICE PARKWAY TRINITY, NC 27370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HIRSHORN, JAMES B ONE OFFICE PARKWAY TRINITY, NC 27370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, KENNETH L ONE OFFICE PARKWAY TRINITY, NC 27370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAYPOOL, JEFFERY C ONE OFFICE PARKWAY TRINITY, NC 27370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHERMAN, DAVID V ONE OFFICE PARKWAY TRINITY, NC 27370
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **DAVID V. SHERMAN** 4-12-04 (336) 861-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #