

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000003988

FILED
Apr 15, 2011
Secretary of State

Entity Name: NORTH AMERICAN BEDDING COMPANY

Current Principal Place of Business:

ONE OFFICE PARKWAY
TRINITY, NC 27370

New Principal Place of Business:

Current Mailing Address:

ONE OFFICE PARKWAY
TRINITY, NC 27370

New Mailing Address:

FEI Number: 34-1449446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: ROGERS, LAWRENCE J
Address: ONE OFFICE PARKWAY
City-St-Zip: TRINITY, NC 27370

Title: V
Name: WALKER, KENNETH L
Address: ONE OFFICE PARKWAY
City-St-Zip: TRINITY, NC 27370

Title: VD
Name: ACKERMAN, JEFFREY C
Address: ONE OFFICE PARKWAY
City-St-Zip: TRINITY, NC 27370

Title: T
Name: BOEHMER, MARK D.
Address: ONE OFFICE PARKWAY
City-St-Zip: TRINITY, NC 27370

Title: SV
Name: MURRAY, MICHAEL Q
Address: ONE OFFICE PARKWAY
City-St-Zip: TRINITY, NC 27370

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: MICHAEL Q MURRAY

SV

04/15/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date