

**2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90389 031 \*\*\*150.00

DOCUMENT # F98000000642

1. Entity Name

~~SOFA CONNECTION, INC.~~ **SOFA EXPRESS, INC.**

*\*ARTICLES OF AMENDMENT TO CHANGE NAME HAS BEEN FILED*



Principal Place of Business

725 MYATT DRIVE  
MADISON TN 37115

Mailing Address

725 MYATT DRIVE  
MADISON TN 37115

**24034870**



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

63-1008786

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	PETERS, ROBERT M	
STREET ADDRESS	725 MYATT DRIVE	
CITY-ST-ZIP	MADISON TN 37115	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BRISLEY, PETER O	
STREET ADDRESS	725 MYATT DRIVE	
CITY-ST-ZIP	MADISON TN 37115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNETH J PAUL	
STREET ADDRESS	4600 Hamilton Rd	
CITY-ST-ZIP	GROVEPORT, OH 43125	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETER O. Brisley	
STREET ADDRESS	405 LEWALLEN RD	
CITY-ST-ZIP	ASHEBORO, NC 27203	
TITLE	EXEC V. P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT M. PETERS	
STREET ADDRESS	725 MYATT DR	
CITY-ST-ZIP	MADISON, TN 37115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *James M. Peters* *Robert Mack Peters, Exec V.P.* 3/31/04 860-3656x102  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #