

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P40546** (4)

1. Corporation Name

ASHLEY FURNITURE INDUSTRIES, INC.



Principal Place of Business

Mailing Address

ONE ASHLEY WAY
ARCADIA WI 54612

ATTN: BILL KOSLO
108 WEST MAIN STREET
ARCADIA WI 54612

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/16/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

39-1141201

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of President, Secretary, Treasurer, or Director

Signature of Registered Agent (if not the same as above)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	WANEK, RONALD G.	
STREET ADDRESS	417 KING ST.	
CITY, ST., ZIP	ARCADIA WI	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	VOGEL, CHARLES H. E.	
STREET ADDRESS	W. 7477 NORTHSHORE DR.	
CITY, ST., ZIP	ONALASKA WI	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	GEORGE, ROBERT J.	
STREET ADDRESS	2154 GRANDVIEW BLVD	
CITY, ST., ZIP	ONALASKA WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WANEK TODD R	
STREET ADDRESS	RT 4	
CITY, ST., ZIP	ARCADIA WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	BARCLAY RICHARD V	
STREET ADDRESS	N5479 COUNTY TRUNK ZM	
CITY, ST., ZIP	ONALASKA WI	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RIPPLEY PAULETTE W	
STREET ADDRESS	RT 1	
CITY, ST., ZIP	ARCADIA WI	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST., ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST., ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST., ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST., ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert George*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert George

01/ /96 (608) 323-3377
DATE DAY/MONTH/YEAR FILING FEE

CR2E034 (12/95)