FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

BARCLAY RICHARD V

RIPPLEY PAULETTE W

ONALASKA WI

ARCADIA WI

AS

RT 1

N5479 COUNTY TRUNK ZM

NAME

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Mar 24 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P40546 (4) ASHLEY FURNITURE INDUSTRIES, INC. Principal Place of Business Mailing Address ONE ASHLEY WAY ONE ASHLEY WAY **ARCADIA WI 54812** ARCADIA WI 54612 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/16/1992 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 39-1141201 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible ☐ No 24 29 Personal Property Tax due June 30. 25 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent C T CORPORATION SYSTEM 81 1200 S. PINE ISLAND RD. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, typed or printed name of trigistered agent and title if applicable (NOT). Registered Agent signature required when reinstalling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TOTLE WANEK, RONALD G. NAME 1.2 NAME 417 KING ST. STREET ADDRESS 1.3 STREET ADDRESS **ARCADIA WI** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Channe Addition TITLE 2.1 TITLE VOGEL, CHARLES H. E. 2.2 NAME W. 7477 NORTHSHORE DR. STREET ADORESS 2.3 STREET ADDRESS **ONALASKA WI** 2, 4 CITY-ST-ZIP CITY-ST-20P DELETE ☐ Change ■ Addition TITLE 3.1 TITLE VOGEL, BEN 32 NAME NAME 2529 WOODGREEN STREET ADDRESS 3.3 STREET ADDRESS **BELDON MS** CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE WANEK, TODD R NAME 4.2 NAME W 26921 REIT LN 4.3 STREET ADDRESS STREET ADDRESS ARCADIA WI 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition

FILED

Addition

CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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 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 of 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 an attachment with an address. 608 -

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

-11-90

5.4 CITY - ST - ZIP