

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000005609

1. Entity Name

MATTRESS FIRM, INC.



Principal Place of Business

5815 GULF FREEWAY
HOUSTON, TX 77023

Mailing Address

5815 GULF FREEWAY
HOUSTON, TX 77023



04172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

76-0596008

Applied For

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

000000533259
05/06/06-80117-004-150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME KROUSE, RODGER R
STREET ADDRESS 5200 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME LEDER, MARC J
STREET ADDRESS 5200 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE D
NAME TERRY, CLARENCE E
STREET ADDRESS 5815 GULF FREEWAY
CITY-ST-ZIP HOUSTON, TX 77023

TITLE D
NAME PLEBAN, DAVID J
STREET ADDRESS 5200 TOWN CENTER CIRCLE
CITY-ST-ZIP BOCA RATON, FL 33486

TITLE DP
NAME FAZIO, GARY
STREET ADDRESS 5815 GULF FREEWAY
CITY-ST-ZIP HOUSTON, TX 77023

TITLE S
NAME BLACK, JIM
STREET ADDRESS 5815 GULF FREEWAY
CITY-ST-ZIP HOUSTON, TX 77023

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jim Black

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06

Date

713-923-1090

Daytime Phone #