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May 05, 2008 8:00 am
Secretary of State
05-05-2008 90264 008 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07000003459

1. Entity Name
OFFICE FABRICS HOLDING CORP.

40097793

Principal Place of Business	Mailing Address
2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339	2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339

04292008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9 OAK ST.	9 OAK ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: GUILFORD, ME.	City & State: GUILFORD, ME
Zip: 04443 Country: USA	Zip: 04443 Country: USA

4. FEI Number: 26-0387015 ☐ Applied For ☐ Not Applicable

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	☒ Delete	TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	GARFF, MATTHEW		NAME	CHRISTOPHER RICHARD	
STREET ADDRESS	11111 SANTA MONICA BLVD SUITE 1050		STREET ADDRESS	5300 CORPORATE GROVE DR, SE. SUITE 250	
CITY-ST-ZIP	LOS ANGELES, CA 90025		CITY-ST-ZIP	GRAND RAPIDS, MI 49512	
TITLE	VPAS	☒ Delete	TITLE	CFO SECRETARY AND TREASURER	☐ Change ☒ Addition
NAME	HAJDUCH, MARK		NAME	KIM THOMPSON	
STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 470		STREET ADDRESS	304 E. MAIN ST.	
CITY-ST-ZIP	BOCA RATON, FL 33486		CITY-ST-ZIP	ELKIN, NC 28621	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			NAME	DAVID FINNEGAN	
STREET ADDRESS			STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 470	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL. 33486	
TITLE		☐ Delete	TITLE	DIRECTOR	☐ Change ☒ Addition
NAME			NAME	DIXON MCELWEE	
STREET ADDRESS			STREET ADDRESS	5200 TOWN CENTER CIRCLE SUITE 470	
CITY-ST-ZIP			CITY-ST-ZIP	BOCA RATON, FL. 33486	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Kim Thompson Kim Thompson 4/29/08 336.526.0551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #