

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000003835

Entity Name: SOLSTICE SLEEP PRODUCTS, INC.**Current Principal Place of Business:**2652 FISHER ROAD STE A
COLUMBUS, OH 43204-3534**Current Mailing Address:**2950 EAST BROAD STREET
COLUMBUS, OH 43209**FEI Number:** 27-0260413**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name BELFORD, DAVID A
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title D
Name BELFORD, STEVE
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title D
Name BELFORD, HOWARD
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title P
Name WATSON, MICHAEL
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title S
Name MESS, MICHAEL
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title T
Name CARR, LAURA
Address 2950 EAST BROAD STREET
City-State-Zip: COLUMBUS OH 43209

Title CONTROLLER
Name MCGRATH, JAMES S
Address 2652 FISHER ROAD STE A
City-State-Zip: COLUMBUS OH 43204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMES S. MCGRATH**CONTROLLER****02/19/2015**

Electronic Signature of Signing Officer/Director Detail

Date