

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