

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40546

Entity Name: ASHLEY FURNITURE INDUSTRIES, INC.**Current Principal Place of Business:**ONE ASHLEY WAY
ARCADIA, WI 54612**Current Mailing Address:**ONE ASHLEY WAY
ARCADIA, WI 54612**FEI Number:** 39-1141201**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	DIRECTOR
Name	WANEK, RONALD G.
Address	1205 SNELL BLVD NE
City-State-Zip:	SAINT PETERSBURG FL 33704

Title	DIRECTOR
Name	VOGEL, CHARLES H.E
Address	6 ISLAND ESTATES PARKWAY
City-State-Zip:	PALM COAST FL 32137

Title	SECRETARY
Name	WAGNER, SHARI
Address	W30656 COUNTY RD JJ
City-State-Zip:	ARCADIA WI 54612

Title	PRESIDENT, DIRECTOR
Name	WANEK, TODD R
Address	W 26921 MESA LN
City-State-Zip:	ARCADIA WI 54612

Title	TREASURER
Name	MULLER, TROY
Address	518 WEST WABASHA ST
City-State-Zip:	WINONA MN 55987

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: TROY MULLER**TREASURER****01/23/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date