
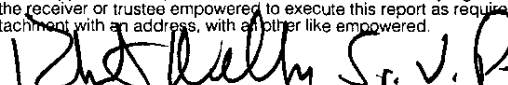


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 MAR -4 AM 9:34

DOCUMENT # 293707					
1. Entity Name LEVITZ FURNITURE CORPORATION					
Principal Place of Business 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735			Mailing Address 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 23-1657490	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CIT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PCEO	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSENBERG, ALAN		NAME	Mark Scott	
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS	300 Crossways Park Drive	
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	EVCO	<input checked="" type="checkbox"/> Delete	TITLE	W. Jay Carothers, CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALPER, STEVE		NAME	300 Crossways Park Drive	
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS	Woodbury, NY 11797	
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
TITLE	EVCF	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDECK, CARL		NAME		
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
TITLE	SVGC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEBBER, ROBERT		NAME		
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
TITLE	SVPM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPP, LOREEN		NAME		
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
TITLE	VPC	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLREAVY, COLEEN		NAME		
STREET ADDRESS	90 PRICE PARKWAY, STE. 1		STREET ADDRESS		
CITY-ST-ZIP	FARMINGDALE, NY 11735		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: 			Robert Webber, Senior Vice President, Gen. Counsel (516) 496-9560		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 3/12/04 Daytime Phone #		