


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 293707</b> 1. Entity Name <b>LEVITZ FURNITURE CORPORATION</b>	
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Principal Place of Business <b>90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735</b>	Mailing Address <b>90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735</b>
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02092005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>23-1657490</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SCOTT, MARK 300 CROSSWAYS PARK DRIVE WOODBURY, NY 11797</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO CAROTHERS, W JAY 300 CROSSWAYS PARK DRIVE WOODBURY, NY 11797</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVGC WEBBER, ROBERT 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b><del>SVPM</del> EPP, LOREEN <del>90 PRICE PARKWAY, STE. 1</del> <del>FARMINGDALE, NY 11735</del></b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPC-CHIEF FINANCIAL OFFICER COLREAVY, COLEEN 90 PRICE PARKWAY, STE. 1 FARMINGDALE, NY 11735</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000239685  
02/22/05-80057-006.350.00

**DO NOT WRITE  
IN THIS SPACE**

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 all other like empowered.

SIGNATURE *Robert Webber Sr. V.P.* **2/15/05** **516 496-9500 x.1743**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**ROBERT WEBBER SR VICEPRESIDENT**