## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813722  1. Entity Name SEABROOK WALLCOVERINGS, INC.						Feb 19, 2002 8:00 am Secretary of State 02-19-2002 90100 037 ***150.00			
1325 FARMV	ice of Business /ILLE ROAD N 38122-0597	Mailing Address 1325 FARMVILLE ROAD MEMPHIS TN 38122-0597 US					i Didik didik didik didik		
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Sta	ate	City & State			4.	FEI Number <b>62-0435922</b>		pplied For ot Applicable	
Zip	Country	Zip	Country		5.	Certificate of Status Desired			
	6. Name and Address of Current R	egistered Agent			7. !	Name and Address of New Regist	ered Agent		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
			City			····	Zip Code		
8 The above	e named entity submits this statement for t	the number of shareful its		-) - <i>(</i> (')					
9. This corporation is eligible to satisfy its Intangible  Tax filling requirement and elects to do so. (See criteria on back)  FILE NOW!!! F  After May 1, 2002 F  Make Check Payable to			!! FEE 02 Fee voile to De	vill be \$550.0	0 State	Election Campaign Financin     Trust Fund Contribution.	☐ Added	00 May Be	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEABROOK, JAMES H., JR. 1325 FARMVILLE ROAD MEMPHIS TN VSD	Delete	CITY-	T ADDRESS ST-ZIP	AD	DITIONS/CHANGES TO OFFICERS	S AND DIRECTOR  Change	S IN 11 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	COOKSEY, L.G. 1325 FARMVILLE ROAD MEMPHIS TN	☐ Delete		T ADDRESS ST-ZIP	<b>-</b>	-	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	HAAG, LEON 1325 FARMVILLE ROAD MEMPHIS TN		CITY-	T ADDRESS ST- ZIP	-	-	<u>-</u> ·		
IAME Street address Sity-St-Zip	TD SEABROOK, JAMES H III 1325 FARMVILLE ROAD MEMPHIS TN 38122	□ Delete	NAME STREE CITY-S	T ADDRESS ST - ZIP			☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Delete	NAME STREE	FADORESS ST-ZIP			☐ Change	☐ Addition	
ITLE IAME TREET ADDRESS		□ Delete	CITY-S				☐ Change	☐ Addition	
of the cor	certify that the information supplied with th on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, with	ue and accurate and that m ered to execute this report a	w cianatii	ra chall hava th	na cama k	and affect as if made under eath, th	at I am an afficar	or disorter	

SIGNATURE: LENGTH

LENGINATURE LEGINUIHAAG

1/28/02

901-320-3500

Daytime Phone #

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CR2E034 (9/01)