

CERTIFIED MAIL 2 292 938 332
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90050 040 ***150.00

DOCUMENT # 817329

1. Entity Name

THE STEARNS & FOSTER BEDDING COMPANY

Principal Place of Business

Mailing Address

ONE OFFICE PARKWAY
TRINITY NC 27370
US

P.O. BOX 2806
HIGH POINT NC 27261-2806
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 2806

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

High Point, NC

Zip

Country

Zip

Country

27261

US

4. FEI Number

36-2515193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPD	<input type="checkbox"/> Delete
NAME	RONALD L JONES	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY NC 27370	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SOWERBY, RICHARD F	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY NC 27370	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNETH L WALKER	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY NC 27370	
TITLE	T	<input type="checkbox"/> Delete
NAME	MOSS, RICHARD	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY NC 27370	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVE	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY NC 27370	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Sherman

4-19-00

Date

(336) 861-3500

Daytime Phone #