

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.

City & State

City & State

*High Point, NC*

4. FEI Number

**36-2515193**

Applied For

Not Applicable

Zip

Country

Zip

Country

*27261*

*US*

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

| 11. OFFICERS AND DIRECTORS |                                     | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|-------------------------------------|---|---|
| TITLE                      | CPD <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | RONALD L JONES                      | NAME  |   |
| STREET ADDRESS             | ONE OFFICE PARKWAY                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TRINITY NC 27370                    | CITY-ST-ZIP   |   |
| TITLE                      | VP <input type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | SOWERBY, RICHARD F                  | NAME  |   |
| STREET ADDRESS             | ONE OFFICE PARKWAY                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TRINITY NC 27370                    | CITY-ST-ZIP   |   |
| TITLE                      | S <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | KENNETH L WALKER                    | NAME  |   |
| STREET ADDRESS             | ONE OFFICE PARKWAY                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TRINITY NC 27370                    | CITY-ST-ZIP   |   |
| TITLE                      | T <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       | MOSS, RICHARD                       | NAME  |   |
| STREET ADDRESS             | ONE OFFICE PARKWAY                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | TRINITY NC 27370                    | CITY-ST-ZIP   |   |
| TITLE                      | TD <input type="checkbox"/> Delete  | TITLE   | Vice President Tax <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHERMAN, DAVE                       | NAME  | Dave Sherman  |
| STREET ADDRESS             | ONE OFFICE PARKWAY                  | STREET ADDRESS  | One Office Parkway  |
| CITY-ST-ZIP                | TRINITY NC 27370                    | CITY-ST-ZIP   | Trinity, NC 27370   |
| TITLE                      | <input type="checkbox"/> Delete     | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                               |
| NAME                       |                                     | NAME  |   |
| STREET ADDRESS             |                                     | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                     | 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** *Dave Sherman* 4-19-00 (336) 861-3500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE