

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 838629

FILED
Apr 18, 2007
Secretary of State

Entity Name: NEMSCHOFF CHAIRS, INC.

Current Principal Place of Business:

909 N 8TH STREET
SHEBOYGAN, WI 53081 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 129
SHEBOYGAN, WI 530820129

New Mailing Address:

FEI Number: 39-0797933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNOLDS, THEA
18101 GERACI RD.
LUTZ, FL 33548 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NEMSCHOFF, MARK S
Address: 909 N 8TH STREET
City-St-Zip: SHEBOYGAN, WI 53081

Title: D () Delete
Name: PAULS, RICHARD
Address: 529 ONTARIO AVE
City-St-Zip: SHEBOYGAN, WI 53081

Title: D () Delete
Name: TROTTER, PATRICK
Address: 501 RIVER OAKS DRIVE
City-St-Zip: SHEBOYGAN FALLS, WI 53085

Title: TV () Delete
Name: OPPENEER, STEVE
Address: 909 N 8TH STREET
City-St-Zip: SHEBOYGAN, WI 53081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TV (X) Change () Addition
Name: HELLMAN, PETER
Address: 909 N 8TH STREET
City-St-Zip: SHEBOYGAN, WI 53081

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIE VANENGEN

CONT

04/18/2007

Electronic Signature of Signing Officer or Director

Date