2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003
Secretary of State

DOCUMENT# 838629

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	
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:	PRINGLE, FRANK	
Address:	4751 BONITA BAY RD #605	
City-St-Zip:	BONITA SPRINGS, FL 34134	
Title:	D	( ) Delete
Name:	TROTTER, PATRICK	
Address:	2629 N 7TH ST.-AURORA MED CENTER	
City-St-Zip:	SHEBOYGAN, WI 53083	
Title:	TV	( ) Delete
Name:	OPPENEER, STEVE	
Address:	909 N 8TH STREET	
City-St-Zip:	SHEBOYGAN, WI 53081	
Title:	S	( ) Delete
Name:	BABCOCK, PAUL	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVE OPPENEER TV 09/15/2003

Electronic Signature of Signing Officer or Director Date