

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90208 017 ****61.25

DOCUMENT # 840359

1. Entity Name

NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.

Principal Place of Business

Mailing Address

3595 SHERIDAN STREET
 #200
 HOLLYWOOD FL 33021
 US

3595 SHERIDAN STREET
 #200
 HOLLYWOOD FL 33021
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2322620

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERRIMAN, KLEIN
3595 SHERIDAN ST.
#200
HOLLYWOOD FL 33021

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **D FRACKELTON, ROBERT REEVE**
 STREET ADDRESS **9131 BCMUDEZ ST.**
 CITY-ST-ZIP **PICO RIVERA CA 90660**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P ERNEST, RICHARD**
 STREET ADDRESS **765 S.ROUTE 83**
 CITY-ST-ZIP **ELMHURST-IL-60126**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S MERRIMAN, KLEIN**
 STREET ADDRESS **3595 SHERIDAN ST STE 200**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D GLANZ, JACKIE**
 STREET ADDRESS **42 WINDSOR PLACE**
 CITY-ST-ZIP **CENTRAL ISLIP NY 11722**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T SCHUBERT, JAMES**
 STREET ADDRESS **2300 MAGNOLIA RD**
 CITY-ST-ZIP **RICHMOND VA 23223**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **V REYNOLDS, DAVID**
 STREET ADDRESS **510 STOCKTON ST**
 CITY-ST-ZIP **RICHMOND VA 23224**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE REQUIRED *Klein MERRIMAN*

Date **1/31/02** Daytime Phone # **954-893-7700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)