

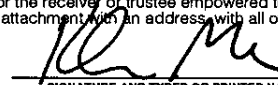
**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 23, 2004 8:00 am**  
**Secretary of State**

02-23-2004 90016 024 \*\*\*\*61.25

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<b>DOCUMENT # 840359</b>					
<b>1. Entity Name</b> NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.					
<b>Principal Place of Business</b> 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US		<b>Mailing Address</b> 3595 SHERIDAN STREET #200 HOLLYWOOD, FL 33021 US		01062004 Chg-NP CR2E037 (10/03)  4. FEI Number 36-2322620 Applied For Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
MERRIMAN, KLEIN 3595 SHERIDAN ST. #200 HOLLYWOOD, FL 33021				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		Make check payable to Florida Department of State	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRACKELTON, ROBERT REEVE		NAME		
STREET ADDRESS	9131 BCMUDEZ ST.		STREET ADDRESS		
CITY-ST-ZIP	PICO RIVERA, CA 90660		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALIULIS, STANLEY		NAME		
STREET ADDRESS	1400 EDDY AVE.		STREET ADDRESS		
CITY-ST-ZIP	ROCKFORD, IL 61103		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MERRIMAN, KLEIN		NAME		
STREET ADDRESS	3595 SHERIDAN ST STE 200		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALSH, DARYL		NAME	Chris Carlson	
STREET ADDRESS	6535 MAIN ST., N.E.		STREET ADDRESS	2305 Daniels St.	
CITY-ST-ZIP	MINNEAPOLIS, MN 55432		CITY-ST-ZIP	Madison, WI 53718	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHUBERT, JAMES		NAME		
STREET ADDRESS	2300 MAGNOLIA RD		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23223		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	REYNOLDS, DAVID		NAME		
STREET ADDRESS	510 STOCKTON ST		STREET ADDRESS		
CITY-ST-ZIP	RICHMOND, VA 23224		CITY-ST-ZIP		
<b>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.</b>					
<b>SIGNATURE:</b>  Klein MERRIMAN		Date: 1/30/04		Daytime Phone #: (954) 893-7300	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					