

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2006 8:00 am**  
**Secretary of State**

04-05-2006 90130 017 \*\*\*\*61.25

**DOCUMENT # 840359**  
 1. Entity Name  
**NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.**



Principal Place of Business  
 3595 SHERIDAN STREET  
 #200  
 HOLLYWOOD, FL 33021 US

Mailing Address  
 3595 SHERIDAN STREET  
 #200  
 HOLLYWOOD, FL 33021 US

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

400900



02242006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 36-2322620

Applied For  
 Not Applicable

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	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T FRACKELTON, ROBERT REEVE 9131 BCRMUDEZ ST. PICO RIVERA, CA 90660	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D VALIULIS, STANLEY 1400 EDDY AVE. ROCKFORD, IL 61103	<input checked="" type="checkbox"/> Delete	D Wallace Fetzer 6223 W. Double Eagle Circle West Valley City, UT 84118	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S MERRIMAN, KLEIN 3595 SHERIDAN ST STE 200 HOLLYWOOD, FL 33021	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CARLSON, CHRIS 2305 DANIELS ST. MADISON, WI 53718	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P SCHUBERT, JAMES 2300 MAGNOLIA RD RICHMOND, VA 23223	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP HALE, JACK W. 139, N 9499 HWY 145 MENOMONEE FALLS, WI 530320250	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Klein Merriman 3/28/06 954-893-7300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #