

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90347 019 \*\*\*\*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.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



CHECK HERE IF MAKING CHANGES

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**

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

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FRACKELTON, ROBERT REEVE</b>	
STREET ADDRESS	<b>9131 BCMUDEZ ST.</b>	
CITY-ST-ZIP	<b>PICO RIVERA CA 90660</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ERNEST, RICHARD</b>	
STREET ADDRESS	<b>765 S.ROUTE 83</b>	
CITY-ST-ZIP	<b>ELMHURST IL 60126</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>MERRIMAN, KLEIN</b>	
STREET ADDRESS	<b>3595 SHERIDAN ST STE 200</b>	
CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>GLANZ, JACKIE</b>	
STREET ADDRESS	<b>42 WINDSOR PLACE</b>	
CITY-ST-ZIP	<b>CENTRAL ISUP NY 11722</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SCHUBERT, JAMES</b>	
STREET ADDRESS	<b>2300 MAGNOLIA RD</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23223</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>REYNOLDS, DAVID</b>	
STREET ADDRESS	<b>510 STOCKTON ST</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23224</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director Stanley Valiulis</b>	
STREET ADDRESS	<b>1400 Eddy Ave</b>	
CITY-ST-ZIP	<b>Rockford, IL 61103</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director Daryl Walsh</b>	
STREET ADDRESS	<b>6535 Main St. NE.</b>	
CITY-ST-ZIP	<b>Minneapolis, MN 55432</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: REKLEIN MERRIMAN 1/8/03 (954) 893-7300

CR2E037 (10/02)