

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845365

1. Entity Name
SIMMONS U.S.A. COMPANY

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90029 012 ***150.00

Principal Place of Business

1 CONOURSE PKW
600
ATLANTA GA 30328
US

Mailing Address

1 CONOURSE PKW
600
ATLANTA GA 30328
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 06-1007444

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYNES ST
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE ASVP
NAME BARTON, R.K.
STREET ADDRESS 1 CONOURSE PKW SUITE 600
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE TV
NAME FRANKLIN, R.W.
STREET ADDRESS 1 CONOURSE PKW STE 600
CITY-ST-ZIP ATLANTA GA ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME R. HELLYER
STREET ADDRESS 1 CONOURSE PKW, SUITE 600
CITY-ST-ZIP ATLANTA, GA ☐ Change ☒ Addition

TITLE EVP, SEC/TAGAS
NAME W.C. CREEKMOIR
STREET ADDRESS 1 CONOURSE PKW, SUITE 600
CITY-ST-ZIP ATLANTA, GA ☐ Change ☒ Addition

TITLE VP
NAME R.C. DRESSDALE
STREET ADDRESS 1 CONOURSE PKW, SUITE 600
CITY-ST-ZIP ATLANTA, GA ☐ Change ☒ Addition

TITLE
NAME EARL C. BREWER
STREET ADDRESS VICE PRESIDENT ONE CONOURSE CENTER STE 800
CITY-ST-ZIP ATLANTA, GA 30328 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Earl C. Brewer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01

770 206 2722

CR2E034 (10/00)