

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90105 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856562

1. Corporation Name
SEALY MATTRESS MANUFACTURING COMPANY, INC.



Principal Place of Business C/O SEALY INC 1228 EUCLID AVE CLEVELAND OH 44115	Mailing Address C/O SEALY INC 1228 EUCLID AVE CLEVELAND OH 44115
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 One Office Parkway Suite, Apt. #, etc. 22 City & State 23 Trinity, NC Zip Country 24 27370 25		2a. Mailing Address 26 P.O. Box 2806 Suite, Apt. #, etc. 27 City & State 28 High Point, NC Zip Country 29 27261 30		3. Date Incorporated or Qualified 05/27/1983	
4. FEI Number 36-3209918		Applied For No: Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD L JONES	1.2 NAME	
STREET ADDRESS	1228 EUCLID AVENUE	1.3 STREET ADDRESS	One Office Parkway
CITY-STATE-ZIP	CLEVELAND OH	1.4 CITY-STATE-ZIP	Trinity, NC 27370
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTIK, JOHN G.	2.2 NAME	Richard F. Sowerby
STREET ADDRESS	1228 EUCLID AVENUE	2.3 STREET ADDRESS	One Office Parkway
CITY-STATE-ZIP	CLEVELAND OH	2.4 CITY-STATE-ZIP	Trinity, NC 27370
TITLE	S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, KENNETH L	3.2 NAME	
STREET ADDRESS	1228 EUCLID AVENUE	3.3 STREET ADDRESS	One Office Parkway
CITY-STATE-ZIP	CLEVELAND OH	3.4 CITY-STATE-ZIP	Trinity, NC 27370
TITLE	T	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD H STOLLE	4.2 NAME	Richard Moss
STREET ADDRESS	1228 EUCLID AVE	4.3 STREET ADDRESS	One Office Parkway
CITY-STATE-ZIP	CLEVELAND OH	4.4 CITY-STATE-ZIP	Trinity, NC 27370
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Tax Director
STREET ADDRESS		5.3 STREET ADDRESS	Dave Sherman
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	Trinity, NC 27370
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dave Sherman 4-11-99 (336) 861-3500
Date Daytime Phone #

CR2E034 (11/98)