FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State

(336) 861-3500

Daytime Phone #

Date

DOCUMENT # 856562				04-28-2002 90579 042 ***150.00	
1. Entity Name					
SEALY MATTRESS MANUFACTURING COMPANY, INC.				,	
<u> </u>					
DO NOT WRITE IN THIS SPACE					
	and the state of the state of	- Alexa Garage (Const.)	gundente e en en en e		1
2. Principal	Place of Business	3. Mailing Address			:
ONE OFFICE PARKWAY Suite, Apt. #, etc. Suite, Apt. #, etc.			RKWAY		* *
				DO NOT WRITE IN THIS	C CDACE
				DO NOT WANTE IN THE	SOFACE
City & State TRINITY, NORTH CAROLINA		City & State		4. FEI Number Applied For 36-3209918 Not Applicable	
Zip Country		TRINITY, NORTH CAROLINA Zip Country		36-3209918	Not Applicable
27370	,	27370		5. Certificate of Status Desired	\$8.75 Additional Fee Required
				7. Name and Address of Current Registe	
- Name?				DATION CVCTCM	
DO NOT WRITE Street Address				PRATION SYSTEM (P.O. Box Number is Not Acceptable)	
TO SEE THE PROPERTY OF THE PRO				NE ISLAND ROAD	
1.44	IN THIS SP	AUE .			
	from the major endings	kermen og het dig	City		Zip Code
A T			PLANTAT	ION FL	
8. The above	e named entity submits this statemer	nt for the purpose of changing	ng its registered office or	registered agent, or both, in the State of Flor	ida.
CIONATURE					
SIGNATURE	Signature, typed or printed name of regist	tered agent and title if applicable	e. (NOTE: Registered /	Agent signature required when reinstating)	DATE
O. This same		January 1 -	May 1 Fee is \$150.00	NAME OF THE PROPERTY OF THE PR	DAIL
• Tax filing	pration is eligible to satisfy its Intangi requirement and elects to do so.	After May	/ 1, Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
· (See crite		Amende Make Check Paya	ed UBR is \$61.25 ble to Department of Si	Trust Fund Contribution.	Added to Fees
ñ.	OFFICERS AND D			andra (1996) Stancia de Grafia (1991) a republicado de Carta (1997)	Mingel Southern Color Inc.
TITLE	P		TITLE		- μ
NAME	MCILQUHAM, DAVID J.		NAME		2
STREET ADDRESS	TONE OF THE TANK THE		STREET ADDRESS	Propose property and the control of	
CITY - ST - ZIP	TRINITY, NORTH CAROLINA 27370		CITY-ST-ZIP		E03
TITLE NAME	VD		TITLE		
STREET ADDRESS	WYATT, E. LEE ONE OFFICE PARKWAY	,	NAME STREET ADDRESS		
CITY-ST-ZIP	TRINITY, NORTH CAROLINA 27370		CITY ST - ZIP		NAC ASSESSED BEING BEI
TITLE	SD	JUNA Z/J/U	TITLE		
NAME	WALKER, KENNETH L.		NAME		
STREET ADDRESS	ONE OFFICE PARKWAY	7	STREET ADDRESS	BO NOT WE	
CITY - ST - ZIP	TRINITY, NORTH CARO	OLINA 27370	CITY - ST - ZIP	DO NOT WRI	JE:
TITLE	T		TITLE	IN THIS SPACE	OE HER STORES
NAME	MOSS, RICHARD D.		NAME		JL,
STREET ADDRESS	TOTAL OFFICE I ANNIAN		STREET ADDRESS		
CITY - ST - ZIP	TRINITY, NORTH CARC	<u> </u>	CITY - ST - ZIP		
TITLE NAME	CD DONALD I		TITLE	and expended quitting place of the first service by	
STREET ADDRESS	JONES, RONALD L. ONE OFFICE PARKWAY		NAME STREET ADDRESS		
CITY - ST - ZIP	TRINITY, NORTH CAROLINA 27370		CITY ST - ZIP	ielitaries propositione de la company de l'anne	
TITLE	V		TITLE		
NAME	SHERMAN, DAVID V.		NAME	erapika bilangan dapa bilangan basa	CENTRY CENTRE
STREET ADDRESS	ADDRESS ONE OFFICE PARKWAY		STREET ADDRESS		
			CITY : ST - ZIP	建氯铂 计制度 医电子性 医电子性	on a second of the second of the
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 of the receiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name					
appears in Block 11 or on an attachment with an address, with all other like empowered.					

DAVID V. SHERMAN, VP-TAX SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STF FL32381F.1

SIGNATURE: /