

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90104 043 \*\*\*150.00

**DOCUMENT # 856562**

1. Entity Name  
 SEALY MATTRESS MANUFACTURING COMPANY, INC.



Principal Place of Business  
 ONE OFFICE PARKWAY  
 TRINITY, NC 27370 US

Mailing Address  
 ONE OFFICE PARKWAY  
 TRINITY, NC 27370 US

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

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

04112007 Chg-P CR2E034 (12/06)

4. FEI Number  
 36-3209918 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION, FL 33324

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 transferring) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCILQUHAM, DAVID J	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	VD	<input checked="" type="checkbox"/> Delete ✓
NAME	HIRSHORN, JAMES B	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WALKER, KENNETH L	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	V	<input type="checkbox"/> Delete
NAME	SHERMAN, DAVID V	
STREET ADDRESS	ONE OFFICE PARKWAY	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE	T	<input type="checkbox"/> Delete
NAME	BOEHMER, MARK D	
STREET ADDRESS	ONE OFFICE PKWY.	
CITY-ST-ZIP	TRINITY, NC 27370	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input 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 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 607, 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:  **DAVID V. SHERMAN** 4-25-07 (336)861-3500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Phone #

V-PP 4/24/07