

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A30878**

1. Entity Name

**FOAMEX L.P., LIMITED PARTNERSHIP**

Principal Place of Business

1000 COLUMBIA AVE.  
LINWOOD PA 19061

Mailing Address

1000 COLUMBIA AVE.  
LINWOOD PA 19061-3921

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.**  
**1201 HAYS STREET, SUITE 105**  
**TALLAHASSEE FL 32301**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$0.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P36702**  
NAME **TRACE FORM COMPANY, INC.**  
STREET ADDRESS **375 PARK AVENUE, 11TH FLOOR**  
CITY - ST - ZIP **NEW YORK NY 10152**

*deleted*

DOCUMENT # **F93000005022**  
NAME **FMXI, INC.**  
STREET ADDRESS **375 PARK AVENUE, 11TH FLOOR**  
CITY - ST - ZIP **NEW YORK NY 10152**

*deleted*

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
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DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

**#141.25**

**F00000007035**  
**FMXI, INC.**  
**1000 COLUMBIA AVENUE**  
**LINWOOD, PA 19061**

**8000003319078--8**  
**-07/11/00--01017--013**  
**\*\*\*\*141.25 \*\*\*\*141.25**

*3/7/01*

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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*SIGNATURE REQUIRED*  
**KARPINSKI**

**4-25-00**

**610-859-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**VIC PRIDEMORE OF FMXI, INC.**

Daytime Phone #

0016939

AF

CR2E003 (9/99)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -7 PM 2:04



DO NOT WRITE IN THIS SPACE