

FILED
03 MAY -2 PM 6:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH

**2003 LIMITED PARTNERSHIP
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 05-0475617			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
9. Capital Contributions as Shown on record. \$0.00			10. Amount of Capital Contributions in FLORIDA to date.		
11. MAKE CHECK PAYABLE TO FL DEPT OF STATE OR 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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F00000007035		STREET ADDRESS		
NAME	FMXL INC.		CITY-ST-ZIP	05/02/03--01048--013	
STREET ADDRESS	1000 COLUMBIA AVE.				
CITY-ST-ZIP	LINWOOD, PA 19061				
DOCUMENT #			STREET ADDRESS		
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STREET ADDRESS					
CITY-ST-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 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 520, Florida Statutes.					
SIGNATURE: 			G.L. KARLINSKI 4/24/03 610-859-3000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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