FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State
09-04-2002 90090 034 ***550.00

DOCUMENT # F01000000772

1. Entity Name
Amalgamated Mattress Co., Inc.

DO NOT WRITE IN THIS SPACE

B0135666

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
180 Campanelli Parkway	180 Campanelli Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc. P.O. Box 840
City & State Stoughton, MA	City & State Stoughton, MA
Zip 02072 Country U.S.A.	Zip 02072 Country U.S.A.

4. FEI Number 043545876 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporate Risk Management
Street Address (P.O. Box Number is Not Acceptable): 1581 Robert S. Conlon Blvd.
City: Palm Bay FL Zip Code: 32905

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 _____ DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	Geoffrey S. Chasin
STREET ADDRESS	180 Campanelli Parkway
CITY-ST-ZIP	Stoughton, MA 02072
TITLE	T/D
NAME	Robert M. Klein
STREET ADDRESS	180 Campanelli Parkway
CITY-ST-ZIP	Stoughton, MA 02072
TITLE	S
NAME	Richard A. Gelerman
STREET ADDRESS	30 Walpole Street
CITY-ST-ZIP	Norwood, MA 02062
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 or the receiver or 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.

SIGNATURE: _____ 5/2/02 (781) 297-7610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #