

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000000772**

**1. Entity Name**

**AMALGAMATED MATTRESS CO., INC.**



**Principal Place of Business**

**180 CAMPANELLI PARKWAY  
STOUGHTON, MA 02072**

**Mailing Address**

**180 CAMPANELLI PARKWAY  
PO BOX 840  
STOUGHTON, MA 02072**



04162004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**04-3545876**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RIGGI, DONNA  
1580 NW 27TH AVE  
7  
POMPANO BEACH, FL 33069**

**DO NOT WRITE  
IN THIS SPACE**

**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**

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

(NOTE: Registered Agent signature required when reissuing)

**DATE**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing  
Trust Fund Contribution**



**\$5.00 May Be  
Added to Fees**

**U000000136651  
04/28/04-80097-001 150.00**

**10. OFFICERS AND DIRECTORS**

**TITLE PD  
NAME CHASIN, GEOFFREY S  
STREET ADDRESS 180 CAMPANELLI PARKWAY  
CITY-ST-ZIP STOUGHTON, MA 02072**

**TITLE TD  
NAME KLEIN, ROBERT N  
STREET ADDRESS 180 CAMPANELLI PARKWAY  
CITY-ST-ZIP STOUGHTON, MA 02072**

**TITLE S  
NAME GELERMAN, RICHARD A  
STREET ADDRESS 30 WALPOLE STREET  
CITY-ST-ZIP NORWOOD, MA 02062**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/04**  
Date

**617 297 7610 x118**  
Daytime Phone #