

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000772

FILED  
Jan 05, 2007  
Secretary of State

Entity Name: AMALGAMATED MATTRESS CO., INC.

## Current Principal Place of Business:

180 CAMPANELLI PARKWAY  
STOUGHTON, MA 02072

## New Principal Place of Business:

## Current Mailing Address:

180 CAMPANELLI PARKWAY  
PO BOX 840  
STOUGHTON, MA 02072

## New Mailing Address:

FEI Number: 04-3545876

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: CHASIN, GEOFFREY S  
Address: 180 CAMPANELLI PARKWAY  
City-St-Zip: STOUGHTON, MA 02072

Title: TD ( ) Delete  
Name: KLEIN, ROBERT N  
Address: 180 CAMPANELLI PARKWAY  
City-St-Zip: STOUGHTON, MA 02072

Title: S ( ) Delete  
Name: GELERMAN, RICHARD A  
Address: 30 WALPOLE STREET  
City-St-Zip: NORWOOD, MA 02062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY S. CHASIN

PD

01/05/2007

Electronic Signature of Signing Officer or Director

Date