

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000772

Entity Name: AMALGAMATED MATTRESS CO., INC.

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

180 CAMPANELLI PARKWAY
STOUGHTON, MA 02072

New Principal Place of Business:

Current Mailing Address:

180 CAMPANELLI PARKWAY
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 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

03/11/2009

Electronic Signature of Signing Officer or Director

Date