## FILED Jun 10, 2003 8:00 am Secretary of State

Circlimo Phone d

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (URR)

DOCUMENT # F01000001739  1. Entity Name IMPERIAL HOME DECOR GROUP, INC.										(	06-10-2	.003 90	0035 020	***550.0	00
Principal Place of Business Mailing Address															
C/O GENERAL COUNSEL 23645 MERCANTILE ROAD 23645 MERCANTILE ROAD CLEVELAND, OH 44122 CLEVELAND, OH 44122										<b>.</b>	IIII Yen a		BN(5) 1154 15		
Principal Place of Business     3. Malling Address															
Suite, Apt		Sulte, Apt. #, etc.					CHECK HERE IF MAKING CHANGES								
City & State			City & State					4. FE	Numbe		48434			Applied For Not Applicat	nle
<i>Z</i> ip	Country		Zip Cou		Çoun	ntry 5		5. Ce	ertificate	of Status (	Desired		\$8.75 A	dditional	
	6. Name and		Na-		7. Na	ime and	Address	of New Re	gistered	l Agent	· · ·				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525						Name Street A	ddress (F	P.O. Box	x Numbe	er is Not A	oceptable)	)		<del></del> -	
		<del> </del>				City						FI	_		
8. The above	e named entity subt tions of registered :	mits this statement for agent.	r the purpos	e of changing its r	egistere	ed office or	registere	ed ager	nt, or bot	h, in the Si	tate of Flor	rida. I am	n familiar wi	h, and accep	pt
SIGNATURE															
		nd name of registered agen; a	muliika fapptica	ши. (ноте:	Registere	d Agent signatu	UIB IBQuired 1	ethen seins	Rating)			DATE			
Aftel	FILE NOVIII FI * May 1 2003 Fe « Payable to Flo							paign Fina ontribution		\$ <b>5</b> .	.00 May Be ed to Fees	,			
10.	ON THE PROPERTY OF THE PROPERT	OFFICERS AND	DIRECTORS	3	11.			ADD	ITIONS/	CHANGES	TO OFFIC	CERS AN	D DIRECTO	AS IN 11	`
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NAME STREET ADDRESS CITY-ST-ZIP	TAYLOR, SUZA 23645 MERCAN CLEVELAND, (	TILE ROAD				ET ADDRÉSS -St-Zip									
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NAME Street address	TODD, HARRY 23645 MERCAN	TILE ROAD			NAME STREET	T ADDRESS							·	•	
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NAME STREET ADDRESS	BRADY, JIM   23645 MERCAN	ITILE ROAD			NAME Stree	T ADDR <b>é</b> ss									
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of the con	12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3XI). 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 restee 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  SIGNATURE													ř	
SIGNAL		NATURE AND TYPED OR PE	ENTED NAME O	F SIGNING OFFICER OF	V IZE	TNENY OR	<u> </u>		_	D=4				<del></del>	