


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90728 047 \*\*\*150.00

**DOCUMENT # F02000001203**

1. Entity Name  
**TEMPUR-PEDIC, INC.**




Principal Place of Business      Mailing Address  
**1713 JAGGIE FOX WAY**      **1713 JAGGIE FOX WAY**  
**LEXINGTON, KY 40511**      **LEXINGTON, KY 40511**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



04142004      Chg-P      CR2E034 (10/03)

4. FEI Number      Applied For  
**61-1187378**      Not Applicable

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

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City      **FL**      Zip Code \_\_\_\_\_

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 reinstating) 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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUSSELL JR, ROBERT B		NAME	Trussell Jr, Robert B.	
STREET ADDRESS	248 HOLIDAY RD.		STREET ADDRESS	248 Holiday Rd.	
CITY-ST-ZIP	LEXINGTON, KY		CITY-ST-ZIP	Lexington, KY	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	Director, CFO, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUERIN, JOEL F		NAME	Williams, Dale E.	
STREET ADDRESS	118 STOURBRIDGE RD		STREET ADDRESS	2284 Savannah Lane	
CITY-ST-ZIP	VERSAILLES, KY		CITY-ST-ZIP	Lexington, KY	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HEATH, JEFFERY P		NAME	Fogg, David C.	
STREET ADDRESS	551 GINGER MILL RD		STREET ADDRESS	3085 Paris Rd.	
CITY-ST-ZIP	LEXINGTON, KY		CITY-ST-ZIP	Lexington, KY	
TITLE		<input type="checkbox"/> Delete	TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Bryant, H. Tom	
STREET ADDRESS			STREET ADDRESS	3145 Brighton Place Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Lexington, KY	
TITLE		<input type="checkbox"/> Delete	TITLE	VPOF Finance & Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Broyles, Jason P.	
STREET ADDRESS			STREET ADDRESS	37 Plantation Dr.	
CITY-ST-ZIP			CITY-ST-ZIP	Shelbyville, KY	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:**  **Jason P. Broyles** 4/26/04      859-259-0734

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #