

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90617 001 ***300.00

DOCUMENT # F02000003995

1. Entity Name

MATTRESS GIANT ACQUISITION CORPORATION



Principal Place of Business

**14665 MIDWAY ROAD, SUITE 100
ADDISON TX 75001**

Mailing Address

**14665 MIDWAY ROAD, SUITE 100
ADDISON TX 75001**

00411126



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

75-2740752

Applied For

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete
NAME **BROWN, BARRIE E**
STREET ADDRESS **14665 MIDWAY ROAD, SUITE 100**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **V** ☒ Delete
NAME **CULBERTSON, TERRY**
STREET ADDRESS **14665 MIDWAY ROAD, SUITE 100**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **S** ☒ Delete
NAME **DEKELBAUM, RON**
STREET ADDRESS **14665 MIDWAY ROAD, SUITE 100**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **VP CFO / SECRETARY** ☐ Delete
NAME **LIST (ACTING), STEVEN**
STREET ADDRESS **14665 MIDWAY ROAD, SUITE 100**
CITY-ST-ZIP **ADDISON TX 75001**

TITLE **C** ☐ Delete
NAME **TYRRELL, JACK**
STREET ADDRESS **200 31ST AVENUE NORTH, SUITE 200**
CITY-ST-ZIP **NASHVILLE TN 37203**

TITLE **VC** ☐ Delete
NAME **SHERIDAN, ROBERT H II**
STREET ADDRESS **100 NORTH TRYON STREET, 25TH FLOOR**
CITY-ST-ZIP **CHARLOTTE NC 28255**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP / CFO** ☐ Change ☒ Addition
NAME **STEVEN R. Williams**
STREET ADDRESS **14665 Midway Rd Suite 100**
CITY-ST-ZIP **Addison, TX 75001**

TITLE **VP HR** ☐ Change ☒ Addition
NAME **Brenda Alonso**
STREET ADDRESS **14665 Midway Rd Suite 100**
CITY-ST-ZIP **Addison, TX 75001**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

STEVEN LIST

972-392-2202