

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F02000005609

1. Entity Name  
MATTRESS FIRM, INC.



Principal Place of Business  
5815 GULF FREEWAY  
HOUSTON, TX 77023

Mailing Address  
5815 GULF FREEWAY  
HOUSTON, TX 77023



04172006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0596008	Applied For Not Applicable
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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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution,  \$5.00 May Be Added to Fees

U00000533259  
05/06/06-80117-004-150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	KROUSE, RODGER R
STREET ADDRESS	5200 TOWN CENTER CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	LEDER, MARC J
STREET ADDRESS	5200 TOWN CENTER CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	D
NAME	TERRY, CLARENCE E
STREET ADDRESS	5815 GULF FREEWAY
CITY - ST - ZIP	HOUSTON, TX 77023
TITLE	D
NAME	PLEBAN, DAVID J
STREET ADDRESS	5200 TOWN CENTER CIRCLE
CITY - ST - ZIP	BOCA RATON, FL 33486
TITLE	DP
NAME	FAZIO, GARY
STREET ADDRESS	5815 GULF FREEWAY
CITY - ST - ZIP	HOUSTON, TX 77023
TITLE	S
NAME	BLACK, JIM
STREET ADDRESS	5815 GULF FREEWAY
CITY - ST - ZIP	HOUSTON, TX 77023

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Jim Black*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-06 713-923-1090  
Date Daytime Phone #