

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91419 036 \*\*\*150.00

RRR/ARJ  
AT

**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**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KROUSE, RODGER R</b>
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LEDER, MARC J</b>
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TERRY, CLARENCE E</b>
STREET ADDRESS	<b>5815 GULF FREEWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77023</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>PLEBAN, DAVID J</b>
STREET ADDRESS	<b>5200 TOWN CENTER CIRCLE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33486</b>
TITLE	<b>DP</b> <input type="checkbox"/> Delete
NAME	<b>FAZIO, GARY</b>
STREET ADDRESS	<b>5815 GULF FREEWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77023</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BLACK, JIM</b>
STREET ADDRESS	<b>5815 GULF FREEWAY</b>
CITY-ST-ZIP	<b>HOUSTON TX 77023</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Jacques N. Black  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03  
Date

(713) 51-2083  
Daytime Phone #

CR2E034 (10/02)