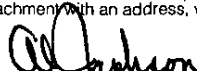


FILED
Apr 16, 2004 8:00 am
Secretary of State

110000 1000

DOCUMENT # F03000006281 1. Entity Name HENREDON DESIGNER SHOWROOMS, INC.				Secretary of State 04-16-2004 90099 041 ***150.00	
Principal Place of Business 400 HENREDON ROAD MORGANTON, NC 28655		Mailing Address 400 HENREDON ROAD MORGANTON, NC 28655		11000100	
2. Principal Place of Business		3. Mailing Address 101 S. Hanley Rd. Ste. 1900, Tax Dept. City & State St. Louis, MO Zip 63105			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04132004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FEI Number 55-0821288	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
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 _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DUGAN, MICHAEL K 400 HENREDON ROAD MORGANTON, NC 28655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST O'CONNELL, THOMAS J 400 HENREDON ROAD MORGANTON, NC 28655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCKEE, STEVE 400 HENREDON ROAD MORGANTON, NC 28655 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRADLEY, DAVID R 400 HENREDON ROAD MORGANTON, NC 28655 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Al Jackson 101 S. Hanley Rd., Ste. 1900, Tax Dept. St. Louis, MO 63105 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWARD, DAVID P 101 SOUTH HANLEY, SUITE 1900 ST. LOUIS, MO 63105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD CHIPPERFIELD, LYNN 101 SOUTH HANLEY, SUITE 1900 ST. LOUIS, MO 63105 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
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:  Al Jackson		Date 4-13-04			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			