## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 25, 2005 8:00 am Secretary of State DOCUMENT # F03000006281 04-25-2005 90299 027 \*\*\*150.00 1: Entity Name HENREDON DESIGNER SHOWROOMS, INC. Principal Place of Business Mailing Address 400 HENREDON ROAD 101 S HANLEY RD. 50043317 MORGANTON, NC 28655 STE. 1900, TAX DEPT. SAINT LOUIS, MO 63105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. 03162005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 55-0821288 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zio 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☼ Change ☐ Addition NAME DUGAN, MICHAEL K NAME Stephen K. McKee 400 HENREDON ROAD STREET ADDRESS STREET ADDRESS 400 Henredon Road CITY-ST-ZIP MORGANTON, NC 28655 CITY-ST-ZIP Morganton, NC 28655 VST Delete TITLE ☐ Change ☐ Addition O'CONNELL, THOMAS J NAME NAME 400 HENREDON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MORGANTON, NC 28655 CITY-ST-ZIP ☐ Addition 🗷 Delete (X) Change TITLE MCKEE, STEVE Jobst Blachy NAME NAME 400 HENREDON ROAD STREET ADDRESS STREET ADDRESS 400 Henredon Road CITY-ST-ZIF MORGANTON, NC 28655 CITY-ST-ZIE Morganton, NC 28655 TITI F ☐ Delete TITLE ☐ Addition JACKSON, AL NAME NAME STREET ADDRESS 101 S HANELY RD., STE. 1900, TAX DEPT. STREET ADDRESS SAINT LOUIS, MO 63105 CITY-ST-7IP CITY-ST-7IP VD VD TITLE ■ Delete TITLE ☐ Addition HOWARD, DAVID P NAME NAME Denise L. Ramos STREET ADDRESS 101 SOUTH HANLEY, SUITE 1900 STREET ADDRESS 101 S. Hanley Rd., Ste. 1900 St. Louis, MO 63105 CITY-ST-ZIP ST. LOUIS, MO 63105 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition CHIPPERFIELD, LYNN NAME NAME . F.L STREET ADDRESS 101 SOUTH HANLEY, SUITE 1900 STREET ADDRESS

**FILED** 

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.

CITY-ST-ZIP

SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

ST. LOUIS, MO 63105