

F03000006281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

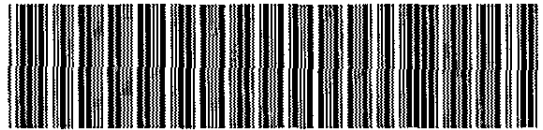
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/18/03--01017--018 \*\*70.00

RECEIVED  
03 DEC 18 AM 11:00  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 DEC 18 PM 1:07  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

BK



CORPORATION SERVICE COMPANY™

03 DEC 18 PM 1:07  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 363025 4323260

AUTHORIZATION :

COST LIMIT : \$ PPD

-----  
ORDER DATE : December 16, 2003

ORDER TIME : 10:11 AM

ORDER NO. : 363025-015

CUSTOMER NO: 4323260

CUSTOMER: Ms. Nancy Medvick  
Furniture Brands International  
Suite 1900  
101 South Hanley Road  
St. Louis, MO 63105  
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FOREIGN FILINGS

NAME: HENREDON DESIGNER SHOWROOMS,  
INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER: \_\_\_\_\_

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOR  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

FILED  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA  
JAN 18 2003 PM 1:07

1. Henredon Designer Showrooms, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 55-0821288

(FEI number, if applicable)

4. January 15, 2003

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 400 Henredon Road, Morganton, NC 28655

(Principal office address)

(Current mailing address)

8. Operate showrooms and hold real estate. To engage in any act or activity  
for which corporations may be organized.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Ann R. Shelling

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert L. Kaintz  
(Signature of Director or Officer listed in number 12 of the application)

14. Robert L. Kaintz, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

**HENREDON DESIGNER SHOWROOMS  
OFFICERS/DIRECTORS RIDER**

**Located at:  
400 Henredon Road  
Morganton, NC 28655**

**List of Officers:**

Michael K. Dugan  
President

Thomas J. O'Connell  
Vice President, Treasurer & Secretary

Steve McKee  
Vice President

Daniel R. Bradley  
Assistant Secretary

**Located at:  
101 South Hanley, Suite 1900  
St. Louis, MO 63105**

**List of Officers:**

David P. Howard  
Vice President

Lynn Chipperfield  
Vice President and Assistant Secretary

Robert L. Kaintz  
Assistant Secretary

Al Jackson  
Assistant Treasurer

**List of Directors:**

W. G. Holliman  
David P. Howard  
Lynn Chipperfield  
Michael K. Dugan

# Delaware

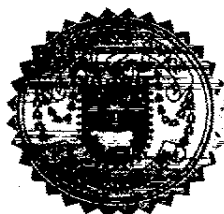
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*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "HENREDON DESIGNER SHOWROOMS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF DECEMBER, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HENREDON DESIGNER SHOWROOMS, INC." WAS INCORPORATED ON THE FIFTEENTH DAY OF JANUARY, A.D. 2003.



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

3628079 8300

030812763

AUTHENTICATION: 2818849

DATE: 12-17-03