

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000000797

FILED  
Jan 24, 2011  
Secretary of State

**Entity Name:** LEXINGTON FURNITURE INDUSTRIES, INC.

**Current Principal Place of Business:**

1300 NATIONAL HIGHWAY  
THOMASVILLE, NC 27360

**New Principal Place of Business:**

**Current Mailing Address:**

1300 NATIONAL HIGHWAY  
THOMASVILLE, NC 27360

**New Mailing Address:**

FEI Number: 56-0201940

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: METZ, CHRISTOPHER  
Address: 5200 TOWN CENTER CIRCLE, SUITE 470  
City-St-Zip: BOCA RATON, FL 33486

Title: DP  
Name: HANEY, PHILIP D  
Address: 1300 NATIONAL HIGHWAY  
City-St-Zip: THOMASVILLE, NC 27360

Title: S  
Name: SPOONER, CRAIG  
Address: 1300 NATIONAL HIGHWAY  
City-St-Zip: THOMASVILLE, NC 27360

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG SPOONER

S

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date