## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F11000003835

Entity Name: SOLSTICE SLEEP PRODUCTS, INC.

FILED May 02, 2012 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

2652 FISHER ROAD STE A COLUMBUS, OH 43204

Current Mailing Address: New Mailing Address:

2950 EAST BROAD STREET COLUMBUS, OH 43209

FEI Number: 27-0260413 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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: C

Name: BELFORD, DAVID A
Address: 2950 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43209

Title:

Name: BELFORD, STEVE

Address: 2950 EAST BROAD STREET City-St-Zip: COLUMBUS, OH 43209

Title: D

Name: BELFORD, HOWARD
Address: 2950 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43209

Title: P

Name: WATSON, MICHAEL
Address: 2950 EAST BROAD STREET
City-St-Zip: COLUMBUS, OH 43209

Title: S

Name: MESS, MICHAEL

Address: 2950 EAST BROAD STREET City-St-Zip: COLUMBUS, OH 43209

Title:

Name: CARR, LAURA

Address: 2950 EAST BROAD STREET City-St-Zip: COLUMBUS, OH 43209

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: LAURA CARR T 05/02/2012