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FILED  
May 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001775 (6)

1. Corporation Name

KRAUSE'S SOFA FACTORY, INC.

Principal Place of Business

Mailing Address

200 NORTH BERRY STREET  
BREA CA 92621

200 NORTH BERRY STREET  
BREA CA 92621-3803



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

3. Date Incorporated or Qualified

04/12/1993

3a. Date of Last Report

05/30/1996

4. FEI Number

95-2872799

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE  
NAME DELITTO, THOMAS M  
STREET ADDRESS 900 THIRD AVENUE  
CITY-ST-ZIP NEW YORK NY 10022

11 TITLE CEO, Chairman, Director ☐ Change ☒ Addition  
12 NAME Philip M. Hawley  
13 STREET ADDRESS 200 North Berry Street  
14 CITY-ST-ZIP Brea, CA 92821

TITLE DVT ☒ DELETE  
NAME SHARPE, ROBERT G  
STREET ADDRESS 1731 TECHNOLOGY DR., #680  
CITY-ST-ZIP SAN JOSE CA

21 TITLE SVP-CFO, Director ☐ Change ☒ Addition  
22 NAME ROBERT A. Burton  
23 STREET ADDRESS 200 North Berry Street  
24 CITY-ST-ZIP Brea, CA 92821

TITLE V ☐ DELETE  
NAME TABAR, KLAUS  
STREET ADDRESS 200 N. BERRY STREET  
CITY-ST-ZIP BREA CA

31 TITLE SVP-Merchandising ☐ Change ☒ Addition  
32 NAME Herbert Friedman  
33 STREET ADDRESS 200 North Berry Street  
34 CITY-ST-ZIP Brea, CA 92821

TITLE V ☐ DELETE  
NAME MCTAGGART, JIM  
STREET ADDRESS 200 N. BERRY ST  
CITY-ST-ZIP BREA CA

41 TITLE VP-Retail ☐ Change ☒ Addition  
42 NAME Tom Beale  
43 STREET ADDRESS 200 North Berry Street  
44 CITY-ST-ZIP Brea, CA 92821

TITLE DSP ☒ DELETE  
NAME ANDERSON, STEPHEN P.  
STREET ADDRESS 200 NORTH BERRY STREET  
CITY-ST-ZIP BREA CA

51 TITLE VP ☐ Change ☒ Addition  
52 NAME Charlie Harrington  
53 STREET ADDRESS 200 North Berry Street  
54 CITY-ST-ZIP Brea, CA 92821

TITLE S ☐ DELETE  
NAME LASKER, JUDITH  
STREET ADDRESS 200 N. BERRY ST  
CITY-ST-ZIP BREA CA

61 TITLE VP-Controller ☐ Change ☒ Addition  
62 NAME Edmund B. McMichals  
63 STREET ADDRESS 200 North Berry Street  
64 CITY-ST-ZIP Brea, CA 92821

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judith S. Lasker, Secretary (714) 990-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)