FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:25

DOCUMENT # **F93000002338 (2)**

1. Corporation Name
WALLPAPERS TO GO, INC.

Principal Place of Business	Mailing Address
16825 NORTHCHASE DR., SUITE 900 HOUSTON TX 77060	16825 NORTHCHASE DR., SUITE 900 HOUSTON TX 77060

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/11/1993
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number / Applied For / Not Applicable
21	26	76-0275295
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE	Director	☑ Change ☐ Addition
NAME	SIVITZ, WILLIAM D	1.2 NAME		
STREET ADDRESS	266 PROVINCE LINE ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	SKILLMAN NJ	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	Director	☑ Change ☐ Addition
NAME	ANTHURS, ROSS D	2.2 NAME	Anthurs. Ross D.	
STREET ADDRESS	191 MARSHALL CORNER, WOODSVILLE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	PENNINGTON NJ	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	Delete	☑ Change ☐ Addition
NAME	ARTHURS, D. ROSS	3.2 NAME		
STREET ADDRESS	191 MARSHALL CORNER, WOODSVILLE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENNINGTON NJ 08534	3.4 CITY-ST-ZIP		
TITLE	VPST	4.1 TITLE		☑ Change ☐ Addition
NAME	YANTZ, T D	4.2 NAME	Yantz. T. D.	
STREET ADDRESS	3502 LACOSTA	4.3 STREET ADDRESS		
CITY-ST-ZIP	MISSOURI CITY TX	4.4 CITY-ST-ZIP		
TITLE	VP	5.1 TITLE	President	☑ Change ☐ Addition
NAME	MARTINEZ, ANTONIO	5.2 NAME		
STREET ADDRESS	16800 SUGAR PINE DR. #F-44	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX 77090	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: J Deanne Yantz V.P.-Finance 4-4-95 713/974-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/2018 FP