## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 06, 2000 8:00 am Secretary of State DOCUMENT # F96000004380 1. Entity Name MATTRESS DISCOUNTERS CORPORATION 03-06-2000 90062 041 \*\*\*150.00 Principal Place of Business Mailing Address 9922 FALLARD CT 9822 FALLARD CT UPPER MARLBORO MD 20772-6707 UPPER MARLBORO MD 20772 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1710722 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SVP Change ☐ Addition TITLE Delete TITLE STUDNER, JON M MIKE Krupka NAME NAME 9822 Fall ARD COURT STREET ADDRESS 9822 FALLARD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UPPER MARLBORO MD 20772** DOOR MURLBORD UD 20772 Hesidont Change Addition 🛛 Delete TITLE TITLE teve walker LYTELL, STEVEN 9822 Fallaia Court STREET ADDRESS STREET ADDRESS 9822 FALLARD CT CITY-ST-ZIP **UPPER MARLBORO MD 20772** CITY-ST-ZIP eclTreasurer Addition TITLE Jim Hirsnord **BUDSOCK, THOMAS** NAME STREET ADDRESS STREET ADDRESS 9822 FALLARD CT pper marlboro UD 20772 CITY-ST-ZIP UPPER MARLBORO MD 20772 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I 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 report or supplemental 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if empowered. ess, with all oth changed, or on an attachment with an addi-

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99