2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State F97000006040 **DOCUMENT #** 1. Entity Name ROYAL FUTONS, INC. 05-28-2002 91531 032 ***150.00 Principal Place of Business Mailing Address 900 S. HALTOM RD. 900 S. HALTOM RD. FT. WORTH TX 76117 FT. WORTH TX 76117 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 75-2695340 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change PDC ☐ Delete TITLE TITLE NAME GERRICK, MARK NAME STREET ADDRESS 900 S. HALTOM RD. STREET ADDRESS FT. WORTH TX 76117 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE **VDC** ☐ Delete TITLE NAME HASTINGS, LARRY NAME STREET ADDRESS STREET ADDRESS 900 S. HALTOM RD. CITY-ST-ZIP FT. WORTH TX 76117 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE ST NAME GERRICK, CAROL NAME STREET ADDRESS 900 S. HALTOM RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT: WORTH_TX 76117 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: 3

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Royal Sleep Products, Inc. 8/12/3

900 So. Haltom Rd. Fort Worth, TX 76117 Phone (817) 834-7522 FAX (817) 834-7745

Donna Thompsai

I apologize for this being late. I have not seen this before today, May 6, 2002. I Called your office and was told I Should write a letter of explanation. Someone within the office had this so, In asking you to accept the \$150.00 fee. How that I am doing payables I assure you -it will not be late again. I would appreciate your understanding. Marle you,