

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90334 024 \*\*\*150.00

**DOCUMENT # F98000000642**

1. Entity Name  
**SOFA EXPRESS, INC.**



Principal Place of Business  
**4600 S HAMILTON ROAD  
BOX 130  
GROVEPORT, OH 43125**

Mailing Address  
**ATTN: ACCOUNTS PAYABLE  
4600 S HAMILTON ROAD  
GROVEPORT, OH 43125 US**

**40064177**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04102007 Chg-P CR2E034 (12/06)

4. FEI Number  
**63-1008786**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **T KAUFFMAN, SCOTT K**  
STREET ADDRESS **4600 S. HAMILTON ROAD**  
CITY-ST-ZIP **GROVEPORT, OH 43125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S BRISLEY, PETER O**  
STREET ADDRESS **405 LEWALLEN RD.**  
CITY-ST-ZIP **ASHEBORO, NC 27203**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **EXEV PETERS, ROBERT**  
STREET ADDRESS **4600 S. HAMILTON ROAD**  
CITY-ST-ZIP **GROVEPORT, OH 43125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD DAVIS, J.B.**  
STREET ADDRESS **4600 S. HAMILTON ROAD**  
CITY-ST-ZIP **GROVEPORT, OH 43125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **CFO PASQUITH, K. SCOTT**  
STREET ADDRESS **4600 S. HAMILTON ROAD**  
CITY-ST-ZIP **GROVEPORT, OH 43125**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **PRESIDENT & CEO**  
STREET ADDRESS **P. WOOLARD HARRIS JR.**  
CITY-ST-ZIP **4600 S. HAMILTON RD. GROVEPORT, OH 43125**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other I am empowered.

SIGNATURE: *K. Scott Pasquith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*K. Scott Pasquith* 04-11-07 (614) 836-4800

Date Daytime Phone #