

# F98000007101

## TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section  
Division of Corporations

000002725120--6  
-12/29/98--01068--003  
\*\*\*\*\*75.00 \*\*\*\*\*75.00

SUBJECT: Sleep Products, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Donna O'Bryan

(Name of Person)

Brown, Todd & Heyburn PLLC

(Firm/Company)

3200 Providian Center

(Address)

Louisville, KY 40202-3363

(City/State/Zip)

H12/36

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Should you need to call someone concerning this matter, please call:

Donna O'Bryan

(Name of Person)

at ( 502 ) 568-0290

(Area Code & Daytime Telephone Number)

### COURIER ADDRESS:

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS  
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE  
STATE OF FLORIDA:

1. Sleep Products, Inc.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. KY  
(State or country under the law of which it is incorporated)
3. 61-054-1145  
(FEI number, if applicable)
4. 1/21/58  
(Date of Incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. (SEE SECTIONS 607.1501, 607.1502, AND 817.155, F.S.))
7. 901 Park Place  
New Albany, IN 47150  
(Current mailing address)
8. Sale of mattresses and related items  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee, Florida, 32301  
(Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Corporation Service Company

By: Delorah W. Skipper agent  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and addresses of officers and/or directors: (Street address **ONLY**- P. O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: See attached officers/directors rider

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: See attached officers/directors rider

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Thomas M. Quinn Vice President

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Thomas M. Quinn Vice President

(Typed or printed name and capacity of person signing application)

**SLEEP PRODUCTS, INC.**

**Names and Addresses of Officers and Directors**

**John D. Quinn**, Director, President and Treasurer  
901 Park Place  
New Albany, Indiana 47150

**Lee D. Quinn**, Director and Executive Vice President  
901 Park Place  
New Albany, Indiana 47150

**Robert D. Quinn**, Director and Executive Vice President  
901 Park Place  
New Albany, Indiana 47150

**James R. Wilson**, Director, Vice President, Assistance Treasurer and Chief Financial Officer  
901 Park Place  
New Albany, Indiana 47150

**Thomas M. Quinn**, Director, Vice President and Secretary  
901 Park Place  
New Albany, Indiana 47150



**John Y. Brown III**  
**Secretary of State**  
**Certificate of Existence**

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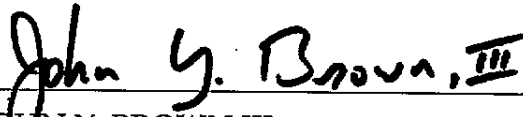
I, JOHN Y. BROWN III, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

**SLEEP PRODUCTS, INC.**

is a corporation duly organized and existing under KRS Chapter 271B, whose date of incorporation is January 21, 1958 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 271B.16-220 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 14<sup>th</sup> day of December, 1998.

  
JOHN Y. BROWN III  
Secretary of State  
Commonwealth of Kentucky  
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