

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # F98000007101****1. Entity Name**
SLEEP PRODUCTS, INC.

Principal Place of Business 901 PARK PLACE NEW ALBANY IN 47150	Mailing Address 901 PARK PLACE NEW ALBANY IN 47150
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 61-0541145	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**CORPORATION SERVICE COMPANY**
1201 HAYS STREET

TALLAHASSEE FL 323012525 US**7. Name and Address of New Registered Agent**

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.**SIGNATURE** _____ **05/01/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)** ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINN THOMAS M			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			CITY-ST-ZIP			
TITLE	CFO	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON JAMES R			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			CITY-ST-ZIP			
TITLE	VATD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILSON JAMES R			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINN ROBERT D			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINN LEE D			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINN JOHN D			NAME			
STREET ADDRESS	901 PARK PLACE			STREET ADDRESS			
CITY-ST-ZIP	NEW ALBANY IN 47150			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** THOMAS M QUINN

VSD 05/01/2000