2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000079651

FELTINGOFF, SHARON

3501 COMMERCE PARKWAY

MIRAMAR, FL 330253918

Name:

Address:

City-St-Zip:

Entity Name: J.C. WHITE OFFICE FURNITURE, INC.

FILED Apr 29, 2009 Secretary of State

Current P	rincipal Place of Business:	New Principal Place o	New Principal Place of Business:	
3501 COM MIRAMAR,	MERCE PARKWAY FL 33025			
Current M	ailing Address:	New Mailing Address:	New Mailing Address:	
3501 COM MIRAMAR,	MERCE PARKWAY FL 33025			
FEI Number:	FEI Number Applied For()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MIRAMAR,	MERCE PKWY FL 330253918 US named entity submits this statement for the	ne purpose of changing its registered	office or registered agent, or both,	
SIGNATUR				
01014/1101	Electronic Signature of Registered	Agent	 Date	
Election Can	npaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete FELTINGOFF, SHARON 3501 COMMERCE PARKWAY MIRAMAR, FL 330253918	Name: Address: City-St-Zip:) Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete FELTINGOFF, MARK 3501 COMMERCE PARKWAY MIRAMAR, FL 330253918	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () Delete FELTINGOFF, MARK 3501 COMMERCE PARKWAY MIRAMAR, FL 330253918	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title:	D () Delete	Title· () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MARK FELTINGOFF VP 04/29/2009