SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT
1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 JUN 21 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33326** **(0)**

1. Corporation Name
KNOLL NORTH AMERICA, INC.

Mailing Address
P.O. BOX 157
EAST GREENVILLE PA 18041

Principal Place of Business
P.O. BOX 157
EAST GREENVILLE PA 18041

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/27/1991**	3a. Date of Last Report: **03/26/1993**
21 2. Mailing Address	26 2a. Principal Place of Business
4. FEI Number: **25-1648603**	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
5. Certificate of Status Desired: **$8.75 Additional Fee Required** ☐	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State	28 City & State
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
24 Zip / 25 Country	29 Zip / 30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: **THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
82 Street Address (P.O. Box Number is Not Acceptable): **1201 HAYES STREET**
83: **SUITE 105**
84 City: **TALLAHASSEE** **FL** 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN '94	
11 TITLE	P/D	11 TITLE	P
12 NAME	~~GARDI, M. C.~~	12 NAME	Staniar, B. B.
13 STREET ADDRESS	~~GATEWAY CENTER~~	13 STREET ADDRESS	1235 Water Street
14 CITY - ST - ZIP	~~PITTSBURGH PA~~	14 CITY - ST - ZIP	East Greenville PA 18041
21 TITLE	S	21 TITLE	
22 NAME	HAYS, C.M.	22 NAME	
23 STREET ADDRESS	GATEWAY CENTER	23 STREET ADDRESS	
24 CITY - ST - ZIP	PITTSBURGH PA	24 CITY - ST - ZIP	
31 TITLE	V	31 TITLE	
32 NAME	COMISKEY M P	32 NAME	
33 STREET ADDRESS	PO BOX 157 NA	33 STREET ADDRESS	
34 CITY - ST - ZIP	EAST GREENVILLE PA	34 CITY - ST - ZIP	
41 TITLE	V/D	41 TITLE	
42 NAME	GODFREY, R. J.	42 NAME	
43 STREET ADDRESS	WATER STREET	43 STREET ADDRESS	
44 CITY - ST - ZIP	EAST GREENVILLE PA	44 CITY - ST - ZIP	
51 TITLE	V	51 TITLE	V
52 NAME	~~HILLMER S.~~	52 NAME	McCabe, B.
53 STREET ADDRESS	~~PO BOX 157 NA~~	53 STREET ADDRESS	4300-36th Street, S.E.
54 CITY - ST - ZIP	~~EAST GREENVILLE PA~~	54 CITY - ST - ZIP	Grand Rapids MI 49508
61 TITLE	D	61 TITLE	T
62 NAME	~~PATROSS L.~~	62 NAME	Chapman, L. A.
63 STREET ADDRESS	~~GATEWAY CENTER~~	63 STREET ADDRESS	Gateway Center
64 CITY - ST - ZIP	~~PITTSBURGH PA~~	64 CITY - ST - ZIP	Pittsburgh PA 15222

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information indicated on this annual report or supplemental annual 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL: OFFICER OR DIRECTOR — Date — Daytime Phone #