

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P33326 (0)

1. Corporation Name

KNOLL NORTH AMERICA, INC.



Principal Place of Business

P.O. BOX 157
EAST GREENVILLE PA 18041

Mailing Address

P.O. BOX 157
EAST GREENVILLE PA 18041

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

3. Date Incorporated or Qualified

03/27/1991

3a. Date of Last Report

01/31/1995

4. FEI Number

25-1648603

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Florida Statutes.

SIGNATURE

Signature: Type the printed name of the person signing and the title, if applicable.

Date: Registered Agent signature required when first filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME STANIAR, B.B.
STREET ADDRESS 1235 WATER ST.
CITY-ST-ZIP E. GREENVILLE PA

TITLE ☒ DELETE

S
NAME HAYS, C.M.
STREET ADDRESS GATEWAY CENTER
CITY-ST-ZIP PITTSBURGH PA

TITLE ☒ DELETE

V
NAME COMISKEY, M P
STREET ADDRESS PO BOX 157 NA
CITY-ST-ZIP EAST GREENVILLE PA

TITLE ☒ DELETE

VD
NAME GODFREY, R. J.
STREET ADDRESS WATER STREET
CITY-ST-ZIP EAST GREENVILLE PA

TITLE ☐ DELETE

V
NAME MCCABE, B.
STREET ADDRESS 4300 36TH ST., S.E.
CITY-ST-ZIP GRAND RAPIDS MI

TITLE ☒ DELETE

T
NAME CHAPMAN, L.A.
STREET ADDRESS GATEWAY CENTER
CITY-ST-ZIP PITTSBURGH PA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

C
NAME Staniar, B.B.
STREET ADDRESS 1235 Water St
CITY-ST-ZIP East Greenville PA 18041

2.1 TITLE ☐ Change ☒ Addition

V
NAME Lynch, J.
STREET ADDRESS 1235 Water St
CITY-ST-ZIP East Greenville PA 18041

3.1 TITLE ☒ Change ☐ Addition

V
NAME McCabe, B.
STREET ADDRESS 1235 Water St
CITY-ST-ZIP East Greenville PA 18041

4.1 TITLE ☐ Change ☐ Addition

600001792076
-04/24/96--01017--011

5.1 TITLE ☐ Change ☐ Addition

***200.00

6.1 TITLE ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

4/23/96
JR

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)(k), Florida Statutes. I 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-96

Exhibit Fee:

CR2E034 (12/95)