

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P35337

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ADDEN FURNITURE INC.

## Current Principal Place of Business:

26 JACKSON ST.  
LOWELL, MA 01852

## New Principal Place of Business:

## Current Mailing Address:

26 JACKSON ST.  
LOWELL, MA 01852

## New Mailing Address:

FEI Number: 04-3455958

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CTO ( ) Delete  
Name: STEVENS, JONATHAN  
Address: 710 CHELMSFORD ST  
City-St-Zip: LOWELL, MA 01851

Title: AS ( ) Delete  
Name: FORSYTHE, WAYNE  
Address: 26 JACKSON ST.  
City-St-Zip: LOWELL, MA

Title: PD ( ) Delete  
Name: GARMON, BEN GARY  
Address: 26 JACKSON ST  
City-St-Zip: LOWELL, MA

Title: D ( ) Delete  
Name: PARKINSON, RONALD A  
Address: 710 CHELMSFORD ST  
City-St-Zip: LOWELL, MA 01851

Title: DO ( ) Delete  
Name: STEVENS, EDWARD B  
Address: 710 CHELMSFORD ST  
City-St-Zip: LOWELL, MA 01851

Title: DO ( ) Delete  
Name: MINER, JOSHUA L  
Address: 710 CHELMSFORD ST  
City-St-Zip: LOWELL, MA 01851

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: FORSYTHE, WAYNE  
Address: 26 JACKSON ST.  
City-St-Zip: LOWELL, MA 01852

Title: P (X) Change ( ) Addition  
Name: FORSYTHE, WAYNE  
Address: 26 JACKSON ST  
City-St-Zip: LOWELL, MA 01852

Title: VP (X) Change ( ) Addition  
Name: HURD, THOMAS  
Address: 26 JACKSON ST  
City-St-Zip: LOWELL, MA 01852

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: WAYNE FORSYTHE

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date