FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36140 (2)

1. Corporation Name
SHELBY WILLIAMS INDUSTRIES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1028 MORRISTOWN TN 37816	P.O. BOX 1028 MORRISTOWN TN 37816

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/25/1991
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 62-0974443 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City FL (05) Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINFELD, MANFRED	1.2 NAME	
STREET ADDRESS	1300 LAKESHORE DRIVE -34	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	STEINFELD, PAUL N.	2.2 NAME	
STREET ADDRESS	1918 CHEROKEE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	KNOXVILLE TN	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	COULTER, R.P.	3.2 NAME	
STREET ADDRESS	988 WOODDALE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN TN	3.4 CITY-ST-ZIP	
TITLE	EV	4.1 TITLE	☐ Change ☐ Addition
NAME	BARILE, PETER	4.2 NAME	
STREET ADDRESS	616 WINDRIDGE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN TN 37814	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	FERRELL, SAM	5.2 NAME	
STREET ADDRESS	437 CARROLL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN TN	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	GURLEY, DENNIS	6.2 NAME	
STREET ADDRESS	1300 BLAES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN TN 37814	6.4 CITY-ST-ZIP	

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. 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: S. Ferrell, Sam Farrell 1/11/95 (615) 586-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0467788 FN