

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P36140 (2)
1. Corporation Name
SHELBY WILLIAMS INDUSTRIES, INC.



Principal Place of Business P.O. BOX 1028 MORRISTOWN TN 37816	Mailing Address P.O. BOX 1028 MORRISTOWN TN 37816
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 10/25/1991		4. FEI Number 62-0974443		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

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 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COULTER, R.P.			3.2 NAME			
STREET ADDRESS	968 WOODDALE ROAD			3.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN TN			3.4 CITY-ST-ZIP			
TITLE	EV	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GURLEY, DENNIS			6.2 NAME			
STREET ADDRESS	1309 BLAES DRIVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MORRISTOWN TN 37814			6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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: Sandra B. Mortham 1/2/98 (423) 586-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0499503

CR2E034 (10/97)