

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90032 046 ***150.00

DOCUMENT # P36140

1. Entity Name
SHELBY WILLIAMS INDUSTRIES, INC.



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

Mailing Address
9387 DIELMAN INDUST DR
SAINT LOUIS, MO 63132

94031655



01052004 Chg-P CR2E034 (10/03)

4. FEI Number
62-0974443

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when revalidating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, FRANKLIN A	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MORLEY, DAVID	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DRELLER, MICHAEL J	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHEN, STEPHEN	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIVE	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	KULA, MICHAEL J	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DR	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAYLOCK, MARTY	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DR	
CITY-ST-ZIP	SAINT LOUIS, MO 63132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leah Bennett **Leah Bennett, Asst. Controller** **3/4/04** **314-991-9200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #