## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 05, 2005 8:00 am Secretary of State

DOCUMENT # P36140  1. Entity Name SHELBY WILLIAMS INDUSTRIES, INC.						05-05-2005 90090 014 ***150.00				
Principal Plac	e of Business	Mailing Address	ailing Address		<del> </del> ·	<b>A</b> A A O O O U	פני			
P.O. BOX 1028		9387 DIELMAN INDUST	9387 DIELMAN INDUST DR SAINT LOUIS, MO 63132			400828	งเ			
2. Principal P	lace of Business	3. Mailing Address	Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04282005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State			4. FEI Number 62-0974				plied For t Applicable	
Zip	Country	Zip	Coun	try				\$8.75 Add Fee Required		
6. Name and Address of Current Registered Agent				Name	7. Name and	7. Name and Address of New Registered Agent				
CT CORPORATION SYSTEM			Name	arne						
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			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										
Signature, typed or printed name of registered agent and tide if applicable, (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.  After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.										
10. OFFICERS AND DIRECTORS 1			11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE					☐ Change	☐ Addition	
name Street address			MAN	E Et address						
CITY-ST-ZIP				-ST-ZIP						
TITLE	PD	<b>⊠</b> Delete	TITLE	<u> </u>				Change	☐ Addition	
HAME	MORLEY, DAVID		HAM	ε						
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP	SAINT LOUIS, MO 63132	Ma	-	-ST-ZIP						
TITLE NAME	DRELLER, MICHAEL J	<b>⊠</b> Delete	TITLI Nam					Change	☐ Addition →	
STREET ADDRESS	9387 DIELMAN INDUSTRIAL DRIV	/E		ET ADDRESS						
CITY-ST-ZIP	SAINT LOUIS, MO 63132		CITY	-ST-ZIP						
TITLE	VP	Delete	TITL					☐ Change	☐ Addition	
NAME Street Address	COHEN, STEPHEN 9387 DIELMAN INDUSTRIAL DRIV	/E	MAM	E Et address						
CITY-ST-ZIP	SAINT LOUIS, MO 63132	· <del>-</del>		67 710	)					
TITLE	D	Delete	TITU		Romant Bra 9387 Diely	ns tatter	~	☐ Change	Addition	
NAME	BLAYLOCK, MARTY		MAK		4387 Diela	uen trdu	cstrid	1) r		
STREET ADDRESS CITY-ST-ZIP	9387 DILEMAN INDUSTRIAL DR SAINT LOUIS, MO 631332			ET ADDRESS - ST-ZIP	ST Luwis	ונט מיא	ን ጌ			
TITLE		☐ Delete	IIIU		S' Veal ResT	. 00		☐ Change	<b>Z</b> Addition	
NAME STREET ADDRESS			NAM	E ADDRESS	Veal & 251	non Ind	<i>ustri</i>	w(1.1)m		
CITY-ST-ZIP			4	-ST-ZIP <	ST Louis	mo	6313-			
12. Thereby 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										

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/05

(314)991-9200