

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91166 047 ***150.00

DOCUMENT # **P3623**

1. Entity Name

Furniture Comfort Corporation

Principal Place of Business

Mailing Address

**445 Park Ave
 Suite 905
 New York, NY 10022**

**445 Park Ave
 Suite 905
 New York, NY 10022**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1065221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

771104

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT Corporation System
 1200 S. Pine Island Rd.
 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	VTS	<input type="checkbox"/> Delete
NAME	SGANGA, JOHN B.	
STREET ADDRESS	445 Park Ave, Ste 905	
CITY-ST-ZIP	New York, NY 10022	
TITLE	D	<input type="checkbox"/> Delete
NAME	MURADDAM, M SALEEM	
STREET ADDRESS	445 Park Ave, Ste 905	
CITY-ST-ZIP	New York, NY 10022	
TITLE	P	<input type="checkbox"/> Delete
NAME	Stephens, Wayne	
STREET ADDRESS	1450 Atlantic Ave; P.O. Box 6157	
CITY-ST-ZIP	Rocky Mount, NC 27802	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John B. Sganga, JOHN B. SGANGA, VICE PRESIDENT, TRS., & Secy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/23/01**

CR2E034 (11/00)