

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

0000973 AV

02-20-2002 90177 029 ***150.00

DOCUMENT # **P36623** ✓
 1. Entity Name **FURNITURE COMFORT CORPORATION** *no Name Change Filed*
BARCALOUNGER CORPORATION

Principal Place of Business: **445 PARK AVE STE 965 NEW YORK NY 10022**
 Mailing Address: **1450 Atlantic Ave. P.O. Box 6157 Rocky Mount NC 27802**



2. Principal Place of Business: **1450 Atlantic Ave.**
 Suite, Apt. #, etc.

3. Mailing Address: **P.O. Box 6157**
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: **Rocky Mount NC**

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4. FEI Number: **56-1065221**
 Applied For: Not Applicable

Zip: **27802** Country: **USA**

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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.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 checked="" type="checkbox"/> Delete	NAME: SGANGA, JOHN B. STREET ADDRESS: 1201 N. ORANGE ST. STE. 790 CITY-ST-ZIP: WILMINGTON DE 19801
TITLE: D <input type="checkbox"/> Delete	NAME: MUQADDAM, M SALEM STREET ADDRESS: 1201 N. ORANGE ST. STE. 790 CITY-ST-ZIP: WILMINGTON DE 19801
TITLE: P <input type="checkbox"/> Delete	NAME: STEVENS, WAYNE STREET ADDRESS: 1201 N ORANGE ST. STE 790 CITY-ST-ZIP: WILMINGTON DE 19801
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: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: 1450 Atlantic Ave. CITY-ST-ZIP: Rocky Mount NC 27802
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: VS Philip L. Chamberlain STREET ADDRESS: 1450 Atlantic Ave. CITY-ST-ZIP: Rocky Mount NC 27802
TITLE: _____ <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: D David Wagstaff STREET ADDRESS: 1515 Poydras St, Suite 1500 CITY-ST-ZIP: New Orleans LA 70112
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: *Philip L. Chamberlain* **Philip L. Chamberlain, Secretary 2-6-2002**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **52 9276395**

CR2E034 (9/01)