


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-22-2008 90016 024 ***150.00

DOCUMENT # P40546 1. Entity Name ASHLEY FURNITURE INDUSTRIES, INC.					
Principal Place of Business ONE ASHLEY WAY ARCADIA, WI 54612			Mailing Address ONE ASHLEY WAY ARCADIA, WI 54612 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 39-1141201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB WANKE, RONALD G. 417 KING ST. ARCADIA, WI 54612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB Wanek, Ronald G. 555 5th Ave NE Unit 814 St. Petersburg, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOD VOGEL, CHARLES H. E. 26 ISLAND ESTATES PKWY PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOGEL, BEN 2925 WILD ROSE LANE ONALASKA, WI 54650 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Wagner, Shari W 30650 County Road JJ Arcadia, WI 54612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WANKE, TODD R W 26921 MESA LN ARCADIA, WI 54612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BARNESON, DALE W 2818 PINE RD ELEVIA, WI 54738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Att Gino Mangione 18220 Lansford Path Lakeville, MN 55044 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RIPPLEY PAULETTE W N27863 COUNTY RD J ARCADIA, WI 54612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Gino Mangione</i> GINO MANGIONE 4/15/08 608-325-6287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>					

66012242



04152008 Chg-P CR2E034 (12/06)

4. FEI Number
39-1141201
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
WANKE, RONALD G.
417 KING ST.
ARCADIA, WI 54612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COB
Wanek, Ronald G.
555 5th Ave NE Unit 814
St. Petersburg, FL 33701** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOD
VOGEL, CHARLES H. E.
26 ISLAND ESTATES PKWY
PALM COAST, FL 32137** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
VOGEL, BEN
2925 WILD ROSE LANE
ONALASKA, WI 54650** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S/T
Wagner, Shari
W 30650 County Road JJ
Arcadia, WI 54612** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
WANKE, TODD R
W 26921 MESA LN
ARCADIA, WI 54612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
BARNESON, DALE
W 2818 PINE RD
ELEVIA, WI 54738** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Att
Gino Mangione
18220 Lansford Path
Lakeville, MN 55044** ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
RIPPLEY PAULETTE W
N27863 COUNTY RD J
ARCADIA, WI 54612** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Gino Mangione* **GINO MANGIONE** **4/15/08** **608-325-6287**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

ATTACHMENT

66012242

040546

ASHLEY FURNITURE INDUSTRIES, INC.

Officers, Directors

- | | |
|-----|---|
| 1,2 | Ronald G. Wanek - Chairman of the Board
555 5th Ave NE
Unit 814
St. Petersburg, FL 33701 |
| 2 | Charles H.E. Vogel
26 Island Estates Parkway
Palm Coast, FL 32137 |
| 1,2 | Todd R. Wanek - CEO / President
W26921 Mesa Lane
Arcadia, WI 54612 |
| 1 | Shari Wagner - Secretary & Treasurer
W30656 County Road JJ
Arcadia, WI 54612 |
| 1 | Paulette W. Rippley - Assistant Secretary
N27863 County Road J
Arcadia, WI 54612 |
| 1 | Gino Mangione - Assistant Treasurer
18220 Lansford Path
Lakeville, MN 55044 |

*

1 - Officers
2 - Board of Directors