

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P40546

FILED
Apr 15, 2009
Secretary of State

Entity Name: ASHLEY FURNITURE INDUSTRIES, INC.

Current Principal Place of Business:

ONE ASHLEY WAY
ARCADIA, WI 54612

New Principal Place of Business:

Current Mailing Address:

ONE ASHLEY WAY
ARCADIA, WI 54612 US

New Mailing Address:

FEI Number: 39-1141201

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COB () Delete
Name: WANEK, RONALD C
Address: 555 S. AVE NE UNIT P14
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: BOD () Delete
Name: VOGEL, CHARLES H. E.
Address: 26 ISLAND ESTATES PKWY
City-St-Zip: PALM COAST, FL 32137

Title: S/T () Delete
Name: WAGNER, SHERI
Address: 30656 COUNTY RD JJ
City-St-Zip: ARCADIA, WI 54612

Title: PCEO () Delete
Name: WANEK, TODD R
Address: W 26921 MESA LN
City-St-Zip: ARCADIA, WI 54612

Title: AT () Delete
Name: MANGIONE, GINO
Address: 18220 LANSFORD PATH
City-St-Zip: LAKEVILLE, MN 55044

Title: AS () Delete
Name: RIPPLEY PAULETTE W
Address: N27863 COUNTY RD J
City-St-Zip: ARCADIA, WI 54612

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change () Addition
Name: WANEK, RONALD C
Address: 1205 SNELL BLVD NE
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AT (X) Change () Addition
Name: MULLER, TROY
Address: 518 WEST WABASHA ST
City-St-Zip: WINONA, MN 55987

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TROY MULLER

AT

04/15/2009

Electronic Signature of Signing Officer or Director

Date