2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2011
Secretary of State

DOCUMENT# P40546

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

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

OFFICERS AND DIRECTORS:

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

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

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

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

Title: AT
Name: MULLER, TROY
Address: 518 WEST WABASHA ST
City-St-Zip: WINONA, MN 55987

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

I hereby 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 all other like empowered.

SIGNATURE: TROY MULLER AT 01/24/2011

Electronic Signature of Signing Officer or Director Date