

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91340 049 ***150.00

DOCUMENT # P94000091121

1. Entity Name
 RTG Furniture Corp. of Georgia

Principal Place of Business 11540 US Hwy 92 East Seffner, FL 33584	Mailing Address 11540 US Hwy 92 East Seffner, FL 33584
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00054201

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3299892	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

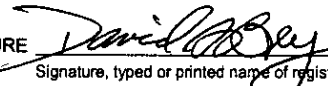
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name:
 David A. Beyer
 Street Address (P.O. Box Number is Not Acceptable):
 C/O Piper Marbury Rudnick & Wolfe LLP
 101 E. Kennedy Blvd., Suite 2000
 City: Tampa FL Zip Code: 33602

Name:
 David A. Beyer
 Street Address (P.O. Box Number is Not Acceptable):
 C/O Piper Marbury Rudnick & Wolfe LLP
 101 E. Kennedy Blvd., Suite 2000
 City: Tampa FL Zip Code: 33602

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 4-27-01
 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Lewis Stein
STREET ADDRESS	11540 US Hwy 92 East
CITY - ST - ZIP	Seffner, FL 33584
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Jeffrey Seaman
STREET ADDRESS	6475 East Johns Crossing
CITY - ST - ZIP	Duluth, GA 30097
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VST Jeffrey Finkel
STREET ADDRESS	6475 East Johns Crossing
CITY - ST - ZIP	Duluth, GA 30097
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V J. Michael Kettle
STREET ADDRESS	6475 East Johns Crossing
CITY - ST - ZIP	Duluth, GA 30097
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:  Lewis Stein DATE 4/24/01 813-623-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/00)