

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

05-07-2002 90229 040 ***150.00
FILED V41485

02 MAY -9 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

649560

DOCUMENT # **✓ 41485**

1. Entity Name
KNOWLES FURNITURE WORKS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 4444 LAWTON		3. Mailing Address 6822 - 22ND AVE N	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 214	
City & State DETROIT MI		City & State ST. PETERSBURG FL	
Zip 48208	Country	Zip 33710	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 38-3061331		Applied For <input type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name DENNIS R. KAPP		
Street Address (P.O. Box Number is Not Acceptable) 6822 22ND AVE N.			
City ST. PETERSBURG FL Zip Code 33710			

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPP, DENNIS R 6822 22ND AVE N ST. PETERSBURG FL 33710	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO ROBERT HANTAMAKI 4444 LAWTON DETROIT, MI 48208	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert Hantamaki** 4/24/02 213-195-0722
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034B (12/01)