

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F19000000752

**Entity Name:** THE ORIGINAL MATTRESS FACTORY, INC.

**Current Principal Place of Business:**

4930 STATE RD  
CLEVELAND, OH 44134

**Current Mailing Address:**

4930 STATE RD  
CLEVELAND, OH 44134 US

**FEI Number: 32-0537745**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KNIGHT, SCOTT  
1785 STATE RD 436  
WINTER PARK, FL 32792 US

*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

**Officer/Director Detail :**

Title DP  
Name TRZCINSKI, GREG  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

Title VPD  
Name TERRY, PAUL  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

Title VP  
Name SAVELIEFF, ANDRE  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

Title DST  
Name MALLOY, JOHN  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

Title D  
Name SCOTT, KNIGHT  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

Title D  
Name CHOPPA, DAVE  
Address 4930 STATE RD  
City-State-Zip: CLEVELAND OH 44134

*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: JOHN MALLOY**

**SECRETARY**

**01/30/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date