

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90264 008 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000003459 1. Entity Name OFFICE FABRICS HOLDING CORP.			
Principal Place of Business 2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339		Mailing Address 2859 PACES FERRY ROAD SUITE 2000 ATLANTA, GA 30339	
2. Principal Place of Business - No P.O. Box # 9 OAK ST. Suite, Apt. #, etc.		3. Mailing Address 9 OAK ST. Suite, Apt. #, etc.	
City & State GUILFORD, ME. Zip 04443		City & State GUILFORD, ME Zip 04443	
Country USA		Country USA	
4. FEI Number 26-0387015		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
B. 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. I am familiar with, and accept, the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when replacing) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVP NAME GARFF, MATTHEW STREET ADDRESS 11111 SANTA MONICA BLVD SUITE 1050 CITY-STATE-ZIP LOS ANGELES, CA 90025	☒ Delete	TITLE PRESIDENT NAME CHRISTOPHER RICHARD STREET ADDRESS 5300 CORPORATE GROVE DR, SE SUITE 350 CITY-STATE-ZIP GRAND RAPIDS, MI 49512	☐ Change ☒ Addition
TITLE VPAS NAME HAJDUCH, MARK STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☒ Delete	TITLE CFD SECRETARY AND TREASURER NAME KIM THOMPSON STREET ADDRESS 304 E. MAIN ST. CITY-STATE-ZIP ELKIN, NC 28621	☐ Change ☒ Addition
TITLE DIRECTOR NAME DAVID FINNEGAN STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete	TITLE DIRECTOR NAME DIXON MCELWEE STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE DIRECTOR NAME DIXON MCELWEE STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete	TITLE DIRECTOR NAME DIXON MCELWEE STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Change ☒ Addition
TITLE DIRECTOR NAME DIXON MCELWEE STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Delete	TITLE DIRECTOR NAME DIXON MCELWEE STREET ADDRESS 5200 TOWN CENTER CIRCLE SUITE 470 CITY-STATE-ZIP BOCA RATON, FL 33486	☐ Change ☒ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Kim Thompson</i> Kim Thompson SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/29/08 Daytime Phone 336.526.0551	

40097793



04292008 Chg-P CR2E034 (12/06)