

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13115

Entity Name: HAWORTH, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

ONE HAWORTH CENTER
HOLLAND, MI 49423

New Principal Place of Business:

Current Mailing Address:

ONE HAWORTH CENTER
HOLLAND, MI 49423

New Mailing Address:

FEI Number: 38-6053093 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HAWORTH, RICHARD G
Address: 4622 66TH ST.
City-St-Zip: HOLLAND, MI 49423

Title: VT () Delete
Name: MOONEY, JOHN K
Address: 919 SAN LUCIA DRIVE SE
City-St-Zip: GRAND RAPIDS, MI 49506

Title: PD () Delete
Name: MARCUSSE, JOHN T.
Address: 698 144TH AVENUE
City-St-Zip: HOLLAND, MI

Title: D () Delete
Name: HAWORTH, MATTHEW R
Address: 6446 OAKRIDGE DR.
City-St-Zip: HOLLAND, MI 49423

Title: P () Delete
Name: BIANCHI, FRANCO
Address: 1863 GOLDEN EYE
City-St-Zip: HOLLAND, MI 49424

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: AVERY, KATHLEEN M TAX MGR
Address: ONE HAWORTH CENTER
City-St-Zip: HOLLAND, MI 49423

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BIANCHI, FRANCO
Address: 1863 GOLDEN EYE
City-St-Zip: HOLLAND, MI 49424

Title: D () Change (X) Addition
Name: JOHANNESON, GERALD B
Address: 820 COPELAND
City-St-Zip: MARCO ISLAND, FL 34145

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHLEEN AVERY

MGR

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date