

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 24 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P13115 (1)**  
1. Corporation Name  
**HAWORTH, INC.**



Principal Place of Business: **ONE HAWORTH CENTER HOLLAND MI 49423**  
Mailing Address: **ONE HAWORTH CENTER HOLLAND MI 49423-9570**

3. Date Incorporated or Qualified: **02/05/1987**  
3a. Date of Last Report: **04/17/1996**  
4. FEI Number: **38-6053093**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-30)

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWORTH, RICHARD G.</b>	1.2 NAME	
STREET ADDRESS	<b>4622 66 ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	1.4 CITY - ST - ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHANNESON, GERALD B.</b>	2.2 NAME	
STREET ADDRESS	<b>209 SUNRISE TERR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	2.4 CITY - ST - ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWORTH, GERRARD W.</b>	3.2 NAME	
STREET ADDRESS	<b>623 SOUTH SHORE DRIVE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUSSE, JOHN T.</b>	4.2 NAME	
STREET ADDRESS	<b>698 144TH AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WIERSMA, JAMES R.</b>	5.2 NAME	
STREET ADDRESS	<b>129 W 39 ST</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	5.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMELL, JOHN R.</b>	6.2 NAME	
STREET ADDRESS	<b>3293 ELDERWOOD</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLAND MI</b>	6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John T. Marcusse 4/18/97 (616) 393-1855  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)