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FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
ONE HAWORTH CENTER HOLLAND MI 49423 **ONE HAWORTH CENTER HOLLAND MI 49423**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/05/1987

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

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

14. 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 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: _____

CR2E034 (10/97)