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**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90152 027 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P13115

1. Corporation Name  
**HAWORTH, INC.**



Principal Place of Business  
**ONE HAWORTH CENTER  
 HOLLAND MI 49423**

Mailing Address  
**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 the current year Intangible Personal Property Tax.  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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	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	T	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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMELL, JOHN R.	6.2 NAME	
STREET ADDRESS	3293 ELDERWOOD	6.3 STREET ADDRESS	885 South Shore Dr.
CITY-ST-ZIP	HOLLAND MI	6.4 CITY-ST-ZIP	Holland, MI 49413

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, with all other like empowered.

SIGNATURE:

*Joe T. Marcusse*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99  
 Date

616-393-1855  
 Daytime Phone #

CR2E034 (11/98)