

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000293 (9)**  
 1. Corporation Name  
**ENCEE, INC.**



Principal Place of Business <b>326 E. STADIUM DR. EDEN NC 27288</b>	Mailing Address <b>326 E. STADIUM DR. EDEN NC 27288</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 One Lake Circle</b>	2a. Mailing Address <b>26 One Lake Circle</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Kannapolis, NC</b>	28 City & State <b>Kannapolis, NC</b>
24 Zip <b>28081</b>	25 Country <b>USA</b>
29 Zip <b>28081</b>	30 Country <b>USA</b>

3. Date Incorporated or Qualified <b>01/19/1995</b>	
4. FEI Number <b>56-1675214</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE FL 32301</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Chairman &amp; CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DELLINGER, R.E.</b>		1.2 NAME <b>Charles M. Hansen, Jr.</b>
STREET ADDRESS <b>ON LAKE CIRCLE DRIVE</b>		1.3 STREET ADDRESS <b>4111 Mint Way</b>
CITY-ST-ZIP <b>KANNAPOLIS NC</b>		1.4 CITY-ST-ZIP <b>Dallas, TX 75237</b>
TITLE <b>VTD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>President &amp; COO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>STAAB, T R</b>		2.2 NAME <b>Jeffrey D. Cordes</b>
STREET ADDRESS <b>326 E. STADIUM DR.</b>		2.3 STREET ADDRESS <b>4111 Mint Way</b>
CITY-ST-ZIP <b>EDEN NC 27288</b>		2.4 CITY-ST-ZIP <b>Dallas, TX 75237</b>
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOSS, M K</b>		3.2 NAME <b>Sharon L. Moffett</b>
STREET ADDRESS <b>326 E. STADIUM DR.</b>		3.3 STREET ADDRESS <b>4111 Mint Way</b>
CITY-ST-ZIP <b>EDEN NC 27288</b>		3.4 CITY-ST-ZIP <b>Dallas, TX 75237</b>
TITLE <b>C</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>Vice President &amp; Controller</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PAULSEN, C D</b>		4.2 NAME <b>Ronald M. Wehtje</b>
STREET ADDRESS <b>326 E. STADIUM DR.</b>		4.3 STREET ADDRESS <b>4111 Mint Way</b>
CITY-ST-ZIP <b>EDEN NC 27288</b>		4.4 CITY-ST-ZIP <b>Dallas, TX 75237</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>Vice President &amp; Asst Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Christopher N. Baker</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>4111 Mint Way</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>Dallas, TX 75237</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Cliff D. Paulsen</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>One Lake Circle</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>Kannapolis, NC 28081</b>

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.

CR2E034 (10/97)