

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

①

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED
 98 JUL 14 AM 10:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # ~~976 4874~~ **F96000004874**

1. Corporation Name
 The Bibb Company

600002595876--4
 -07/22/98--01087--016
 ****558.75 ****558.75

Principal Place of Business: 100 Galleria Parkway, Suite 1750, Atlanta, Georgia 30339

Mailing Address: **F96000004874**

DO NOT WRITE IN THIS SPACE

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	29
25	30

3. Date Incorporated or Qualified	June 7, 1996	
4. FEI Number	58-2253133	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT Corporation System
 1200 S. Pine Island Road
 Plantation, Florida 33324

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

12. OFFICERS AND DIRECTORS

TITLE	Chairman, President & CEO	<input type="checkbox"/> DELETE
NAME	Michael L. Fulbright	
STREET ADDRESS	100 Galleria Parkway, Suite 1750	
CITY-ST-ZIP	Atlanta, Georgia 30339	
TITLE	Vice President, Secretary & CFO	<input type="checkbox"/> DELETE
NAME	Charles R. Tutterow	
STREET ADDRESS	100 Galleria Parkway, Suite 1750	
CITY-ST-ZIP	Atlanta, Georgia 30339	
TITLE	Vice President-Human Resources and Assistant Secretary	<input type="checkbox"/> DELETE
NAME	L.C. Brown	
STREET ADDRESS	100 Galleria Parkway, Suite 1750	
CITY-ST-ZIP	Atlanta, Georgia 30339	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Michael L. Fulbright	
STREET ADDRESS	100 Galleria Parkway, Suite 1750	
CITY-ST-ZIP	Atlanta, Georgia 30339	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Craig Scott Bartlett, Jr.	
STREET ADDRESS	64 Melrose Place	
CITY-ST-ZIP	Montclair, New Jersey 07042	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Stewart M. Kasen	
STREET ADDRESS	60 East Square Lane	
CITY-ST-ZIP	Richmond, Virginia 23233	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 provided or on an attachment with an address.

CP2E034 (10/97)

Handwritten signature and date: 7/14/98

2

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James A. Williams 912 Fairway Drive Highpoint, North Carolina 27262
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Marvin B. Crow 450 Henderson Road Greenville, South Carolina 29607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Irwin N. Gold 17804 Castellammare Drive Pacific Palisades, California 90272
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George A. Poole, Jr. 4105 Segunda Drive Carmel, California 93923