


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P04120
 1. Entity Name
CHARLOTTE PIPE AND FOUNDRY COMPANY



Principal Place of Business
2109 RANDOLPH ROAD
P.O. BOX 35430
CHARLOTTE, NC 28235

Mailing Address
2109 RANDOLPH ROAD
P.O. BOX 35430
CHARLOTTE, NC 28235



02272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-0174030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

UDD000463123
 03/21/06-30066-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUTAFF III, WILLIAM R. 2109 RANDOLPH ROAD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOWD, RODDEY 2109 RANDOLPH ROAD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DOWNING, DENNIS 2109 RANDOLPH ROAD CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COBB, CHARLES E. 2109 RANDOLPH ROAD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DOWD IV, FRANK 2109 RANDOLPH ROAD CHARLOTTE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FAISON, CAMERON 2109 RANDOLPH ROAD CHARLOTTE, NC 28207

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chris H. Warren* **Chris H. Warren** **3/6/06** **704 372 5030**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #