

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04120

FILED
Apr 07, 2010
Secretary of State

Entity Name: CHARLOTTE PIPE AND FOUNDRY COMPANY

Current Principal Place of Business:

2109 RANDOLPH ROAD
CHARLOTTE, NC 28207

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-0174030 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SVP
Name: HUTAFF, III, WILLIAM R
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

Title: CD
Name: DOWD, JR., RODDEY
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

Title: ST
Name: DOWNING, DENNIS
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

Title: SVP
Name: SALTER, LEON
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

Title: VD
Name: DOWD, IV, FRANK
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

Title: SVP
Name: FAISON, CAMERON
Address: 2109 RANDOLPH ROAD
City-St-Zip: CHARLOTTE, NC 28207

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LOIS H. WARREN

SVP

04/07/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date