

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P11833** (1)

1. Corporation Name
FIELDCREST CANNON, INC.



Principal Place of Business: **326 EAST STADIUM DRIVE EDEN NC 27288**
Mailing Address: **326 EAST STADIUM DRIVE EDEN NC 27288**

3. Date Incorporated or Qualified: **10/20/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **56-0586036**
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 has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FITZGIBBONS, JAMES M.		1.2 NAME	
STREET ADDRESS: ONE LAKE DR		1.3 STREET ADDRESS: One Lake Circle Drive	
CITY-ST-ZIP: KANNAPOLIS NC		1.4 CITY-ST-ZIP	
TITLE: V	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: DELLINGER, ROBERT E		2.2 NAME	
STREET ADDRESS: 1271 AVE OF THE AMERICAS		2.3 STREET ADDRESS: One Lake Circle Drive	
CITY-ST-ZIP: NEW YORK NY		2.4 CITY-ST-ZIP: Kannapolis, NC 28081	
TITLE: VCFO	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STAAB, THOMAS R		3.2 NAME	
STREET ADDRESS: 326 E STADIUM DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP: EDEN NC		3.4 CITY-ST-ZIP	
TITLE: V	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KAMETCHES, C. L		4.2 NAME	
STREET ADDRESS: ONE LAKE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP: KANNAPOLIS N		4.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		5.2 NAME: Nevins, J. M.	
STREET ADDRESS:		5.3 STREET ADDRESS: One Lake Circle Drive	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: Kannapolis, NC 28081	
TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME:		6.2 NAME: Langford, G. R.	
STREET ADDRESS:		6.3 STREET ADDRESS: 326 E. Stadium Drive	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: Eden, NC 27288	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and/or executor, 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.

SIGNATURE: *T. R. Staab* 4-17-96 (910) 627-3000
T. R. Staab, VP & CFO

CR2E034 (12/95)