

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

FILED

May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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 27288-3523**

3. Date Incorporated or Qualified: **10/20/1986**
3a. Date of Last Report: **04/29/1996**
4. FEI Number: **58-0586036**
Applied For: Not Applicable
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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 **FL**

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	CD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGIBBONS, JAMES M.	12 NAME	
STREET ADDRESS	ONE LAKE CIRCLE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	KANNAPOLIS NC	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLINGER, ROBERT E	2.2 NAME	
STREET ADDRESS	ONE LAKE CIRCLE DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	KANNAPOLIS NC	2.4 CITY - ST - ZIP	
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 type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEVINS, J.M.	4.2 NAME	
STREET ADDRESS	ONE LAKE CIRCLE DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	KANNAPOLIS NC	4.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, G.R.	5.2 NAME	
STREET ADDRESS	326 E STADIUM DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	EDEN NC	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	C
STREET ADDRESS		6.3 STREET ADDRESS	C. D. Paulsen
CITY - ST - ZIP		6.4 CITY - ST - ZIP	326 E. Stadium Drive Eden, NC 27288

14. I do 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.

SIGNATURE: *C. D. Paulsen* **REQUIRED** D. Paulsen 4-22-97 910-627-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)