

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90044 027 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P11833**

1. Entity Name  
**FIELDCREST CANNON, INC.**

Principal Place of Business

**326 EAST STADIUM DRIVE  
 EDEN NC 27288**

Mailing Address

**4111 MINT WAY  
 DALLAS TX 75237  
 US**

2. Principal Place of Business

**ONE LAKE CIRCLE DRIVE**  
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**KANNAPOLIS NC**

City & State

Zip Country

**29081 USA**

4. FEI Number

**56-0586036**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>WILLIAMS, ANTHONY T</b>	
STREET ADDRESS	<b>4111 MINT WAY</b>	
CITY-ST-ZIP	<b>DALLAS TX 75237</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>POLLOCK, HANK</b>	
STREET ADDRESS	<b>4111 MINT WAY</b>	
CITY-ST-ZIP	<b>DALLAS TX 75237</b>	
TITLE	<b>VGCA</b>	<input type="checkbox"/> Delete
NAME	<b>STERLING, JOHN F</b>	
STREET ADDRESS	<b>4111 MINT WAY</b>	
CITY-ST-ZIP	<b>DALLAS TX 75237</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SANDERS, BRENDA A</b>	
STREET ADDRESS	<b>4111 MINT WAY</b>	
CITY-ST-ZIP	<b>DALLAS TX 75237</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DENOY, SHERRY B</b>	
STREET ADDRESS	<b>326 E. STADIUM DR.</b>	
CITY-ST-ZIP	<b>EDEN NC</b>	
TITLE		<input type="checkbox"/> Delete
NAME	<b>Scott E. Shimizu</b>	
STREET ADDRESS	<b>4111 MINT WAY</b>	
CITY-ST-ZIP	<b>DALLAS, TX 75237</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>EVP CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MICHAEL R. HARMON</b>	
STREET ADDRESS	<b>ONE LAKE CIRCLE DRIVE</b>	
CITY-ST-ZIP	<b>KANNAPOLIS NC 28081</b>	
TITLE	<b>ASSISTANT SELLER/BUYER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ERIC J. BLOUGH</b>	
STREET ADDRESS	<b>ONE LAKE CIRCLE DRIVE</b>	
CITY-ST-ZIP	<b>KANNAPOLIS NC 28081</b>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>EVP SALES &amp; MARKETING</b>	
STREET ADDRESS	<b>Scott E. Shimizu</b>	
CITY-ST-ZIP	<b>4111 MINT WAY</b>	
	<b>DALLAS TX 75237</b>	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**VP GENERAL COUNSEL/SECY 4/16/02**  
 Date Daytime Phone # **214-333-3225**