




**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) 4. FEI Number 56-0174030 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Applied For Not Applicable
DO NOT WRITE IN THIS SPACE		
5. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees U000000463123 03/21/06-30066-001 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
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	
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:  Lois H. Warren <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		3/6/06 Date 704 372-5030 Daytime Phone #