

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 455312

FILED
Mar 23, 2009
Secretary of State

Entity Name: MOHAWK MANUFACTURING COMPANY

Current Principal Place of Business:

4015 TENNESSEE AVE.
CHATTANOOGA, TN 37409 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2553
CHATTANOOGA, TN 37409 US

New Mailing Address:

FEI Number: 59-1538300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARVER, ASHLEY RA
742 LITTLE JOHN RD.
TALLAHASSEE, FL 32310 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: PD () Delete
Name: MCCOURT, GREG J
Address: 1251 JUDYS LN.
City-St-Zip: CHATTANOOGA, TN 37419 US

Title: SD () Delete
Name: GIBSON, SAM
Address: 3914 ST. ELMO AVE. SUITE I
City-St-Zip: CHATTANOOGA, TN 37409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: GIBSON, SAM
Address: 5607 ST. ELMO AVE.
City-St-Zip: CHATTANOOGA, TN 37409 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GREG MCCOURT

PRES

03/23/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date