

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 # 832760 (3)

1. Corporation Name

DOUGLAS BATTERY MANUFACTURING COMPANY



Principal Place of Business

500 BATTERY DRIVE
WINSTON-SALEM NC 27107

Mailing Address

500 BATTERY DRIVE
WINSTON-SALEM NC 27107

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

06/29/1974

3a. Date of Last Report

03/31/1995

4. FEI Number

56-0521317

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

10. Name and Address of New Registered Agent

SIGNATURE

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

(NOTE: Registered Agent's signature required when registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME C
DOUGLAS JR., G W
STREET ADDRESS 500 BATTERY DR
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☒ DELETE

NAME T
MARTIN, PHILLIP W.
STREET ADDRESS 500 BATTERY DR
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ DELETE

NAME PD
DOUGLAS III, T S
STREET ADDRESS 500 BATTERY DR
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ DELETE

NAME V
DOUGLAS, J W
STREET ADDRESS 500 BATTERY DR
CITY-ST-ZIP WINSTON-SALEM NC

TITLE ☐ DELETE

NAME V
DOUGLAS, CHARLES T
STREET ADDRESS 500 BATTERY DRIVE
CITY-ST-ZIP WINSTON SALEM NC

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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: Thomas A. Carter Vice Pres/CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

910/650-7161

CR2E034 (12/95)