


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 832760</b>	
<b>1. Entity Name</b> DOUGLAS BATTERY MANUFACTURING COMPANY	

<b>Principal Place of Business</b> 500 BATTERY DRIVE WINSTON-SALEM, NC 27107	<b>Mailing Address</b> 500 BATTERY DRIVE WINSTON-SALEM, NC 27107
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**DO NOT WRITE IN THIS SPACE**



04142004 No Chg-P CR2E034 (10/03)

<b>4. FEI Number</b> 56-0521317	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000121167 04/20/04-80040-007 150.00
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VSD DOUGLAS, G W 500 BATTERY DRIVE WINSTON SALEM, NC 27107
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	CCEO DOUGLAS III, T S 500 BATTERY DR WINSTON SALEM, NC 27107
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS, J W 500 BATTERY DR WINSTON SALEM, NC 27107
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, CHARLES T 500 BATTERY DRIVE WINSTON SALEM, NC 27107
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JEREMY 500 BATTERY DR WINSTON SALEM, NC 27107
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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**12.** 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Jeremy M Robinson 4/14/04 336-650-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #