2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 17, 2005 08:00 AM Secretary of State

ANNUAL REPORT				TCD 17, 2003 00:00 A				
DOCUMENT # 832760 1. Entity Name DOUGLAS BATTERY MANUFACTURING COMPANY				·	Seci	etary o	of State	
500 BATTER	ce of Business RY DRIVE ALEM, NC 27107	Mailing Address 500 BATTERY DRIVE WINSTON-SALEM, NC 27107						
С	OO NOT WRITE	02142005 No Chg-P CR2E034 (10/03) 4. FEI Number						
	6. Name and Address of Current Re	gistered Agent	-					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324					NOT W THIS SP			
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.								
SIGNATURESignature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.				00 May Be ed to Fees				
10.	OFFICERS AND DIF	RECTORS				LIDEO . 1.1.1		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VSD DOUGLAS, G W 500 BATTERY DRIVE WINSTON SALEM, NC 27107				<i>፤</i> እነካነግ የሚረቁ ው	come one one one offerer.		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CCEO DOUGLAS III, T S 500 BATTERY DR WINSTON SALEM, NC 27107		=		000000 _02/17/05-	:23 <u>2936</u> 8002 4-0 05	150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOUGLAS, J W 500 BATTERY DR WINSTON SALEM, NC 27107				NOT W	_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOUGLAS, CHARLES T 500 BATTERY DRIVE WINSTON SALEM, NC 27107			IN.	THIS SP	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBINSON, JEREMY 500 BATTERY DR WINSTON SALEM, NC 27107		=======================================	paddising and a series		. - :	~~~	
TITLE NAME STREET ADDRESS						· •		

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: JOSEPH M. HOBINSON 1/15/05 336-650-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Prone #