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Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **845709** **(5)**

1. Corporation Name
THE WILLIAM CARTER COMPANY

Principal Place of Business	Mailing Address
1590 ADAMSON PARKWAY 4TH FLOOR MORROW GA 30260 US	P O BOX 879 1000 BRIDGEPORT AVE SHELTON CT 06484-0879 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1980

4. FEI Number: 04-1156680 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of the registered agent and the date as applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROWAN, FREDERICK II		1.2 NAME		
STREET ADDRESS	1590 ADAMSON PKWY - 4TH FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	MORROW GA		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE	VSD	☒ Change ☐ Addition
NAME	BROWN, DAVID		2.2 NAME		
STREET ADDRESS	1590 ADAMSON PKWY - 4TH FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	MORROW GA		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE	VT	☒ Change ☐ Addition
NAME	CASEY, MICHAEL		3.2 NAME		
STREET ADDRESS	1000 BRIDGEPORT AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SHELTON CT		3.4 CITY-ST-ZIP		
TITLE	VT	☒ DELETE	4.1 TITLE	✓	☐ Change ☒ Addition
NAME	BERMAN, JAY A		4.2 NAME	Whetzel, Charles E Jr.	
STREET ADDRESS	1000 BRIDGEPORT AVENUE		4.3 STREET ADDRESS	1590 Adamson Pkwy - 4th Floor	
CITY-ST-ZIP	SHELTON CT		4.4 CITY-ST-ZIP	Morrow, GA 30260	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	O'BRIEN, CHRISTOPHER J		5.2 NAME		
STREET ADDRESS	280 PARK AVE 37TH FLOOR WEST		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PHILIPPIN, CHARLES J		6.2 NAME		
STREET ADDRESS	280 PARK AVE 37TH FLOOR WEST		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 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: ✓ Tuscany 4/20/98 (203)926-5035