

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 845709**

1. Entity Name

**THE WILLIAM CARTER COMPANY****FILED**  
**Jan 29, 2001 8:00 am**  
**Secretary of State**

01-29-2001 90079 036 \*\*\*150.00

Principal Place of Business

**1590 ADAMSON PARKWAY  
4TH FLOOR  
MORROW GA 30260  
US**

Mailing Address

**P O BOX 879  
1000 BRIDGEPORT AVE  
SHELTON CT 06484-0879  
US****00011065**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **04-1156680**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROWAN, FREDERICK II	
STREET ADDRESS	1590 ADAMSON PKWY - 4TH FLOOR	
CITY-ST-ZIP	MORROW GA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	BROWN, DAVID	
STREET ADDRESS	1590 ADAMSON PKWY - 4TH FLOOR	
CITY-ST-ZIP	MORROW GA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	VT	<input type="checkbox"/> Delete
NAME	CASEY, MICHAEL	
STREET ADDRESS	1590 ADAMSON PKWY 4TH FL	
CITY-ST-ZIP	MORROW GA 30260	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	WHETZEL, CHARLES E JR	
STREET ADDRESS	1590 ADAMSON PKWY - 4TH FL	
CITY-ST-ZIP	MORROW GA 30260	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input type="checkbox"/> Delete
NAME	O'BRIEN, CHRISTOPHER J	
STREET ADDRESS	280 PARK AVE 37TH FLOOR WEST	
CITY-ST-ZIP	NEW YORK NY	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHILIPPIN, CHARLES J	
STREET ADDRESS	280 PARK AVE 37TH FLOOR WEST	
CITY-ST-ZIP	NEW YORK NY	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas J. Sullivan
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/2001

Date

(203) 926-5048

Daytime Phone #

CR2E034 (10/00)

THE WILLIAM CARTER COMPANY  
2001 FLORIDA ANNUAL REPORT

Attachment  
C0011665  
D# 84 5709

ITEM 13 - OFFICERS AND DIRECTORS CONTINUED  
ADDITIONS/CHANGES

NOTE: THE FOLLOWING OFFICERS AND DIRECTORS ARE  
IN ADDITION TO THE ONES LISTED ON THE  
ACTUAL RETURN.

TITLE	V
NAME	PACIFICO, JOSEPH
STREET ADDRESS	1590 ADAMSON PARKWAY
CITY-ST-ZIP	MORROW, GA 30260

TITLE	D
NAME	STADLER, CHRISTOPHER J.
STREET ADDRESS	280 PARK AVE., 37TH FLOOR WEST
CITY-ST-ZIP	NEW YORK, NY 10017

TITLE	D
NAME	MCCOLLUM, WILLIAM C.
STREET ADDRESS	280 PARK AVE., 37TH FLOOR WEST
CITY-ST-ZIP	NEW YORK, NY 10017