

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90013 032 \*\*\*150.00

**DOCUMENT # 845709**

**1. Entity Name**  
**THE WILLIAM CARTER COMPANY**

**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**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**1170 Peachtree Street**

Suite, Apt. #, etc.

**Atlanta, GA**

City & State

**30309**

Zip

Country

**USA**

**3. Mailing Address**

Suite, Apt. #, etc.

City & 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**

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

**7. Name and Address of New Registered Agent**

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, 2002 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**

**TITLE** PD ☐ Delete  
**NAME** ROWAN, FREDERICK II  
**STREET ADDRESS** 1590 ADAMSON PKWY - 4TH FLOOR  
**CITY-ST-ZIP** MORROW GA

**TITLE** VSD ☐ Delete  
**NAME** BROWN, DAVID  
**STREET ADDRESS** 1590 ADAMSON PKWY - 4TH FLOOR  
**CITY-ST-ZIP** MORROW GA

**TITLE** VT ☐ Delete  
**NAME** CASEY, MICHAEL  
**STREET ADDRESS** 1590 ADAMSON PKWY 4TH FL  
**CITY-ST-ZIP** MORROW GA 30260

**TITLE** V ☐ Delete  
**NAME** WHETZEL, CHARLES E JR  
**STREET ADDRESS** 1590 ADAMSON PKWY - 4TH FL  
**CITY-ST-ZIP** MORROW GA 30260

**TITLE** D ☒ Delete  
**NAME** O'BRIEN, CHRISTOPHER J  
**STREET ADDRESS** 280 PARK AVE 37TH FLOOR WEST  
**CITY-ST-ZIP** NEW YORK NY

**TITLE** D ☒ Delete  
**NAME** SULLIVAN, THOMAS J  
**STREET ADDRESS** 280 PARK AVE 37TH FLOOR WEST  
**CITY-ST-ZIP** NEW YORK NY

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 1170 Peachtree Street  
**CITY-ST-ZIP** Atlanta, GA 30309

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 1170 Peachtree Street  
**CITY-ST-ZIP** Atlanta, GA 30309

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 1170 Peachtree Street  
**CITY-ST-ZIP** Atlanta, GA 30309

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** 1170 Peachtree Street  
**CITY-ST-ZIP** Atlanta, GA 30309

☒ Change ☐ Addition  
**TITLE** D  
**NAME** Bloom, Bradley M  
**STREET ADDRESS** One Boston Place, Ste 300  
**CITY-ST-ZIP** Boston, MA 02108

☒ Change ☐ Addition  
**TITLE** D  
**NAME** Jones, Ross M.  
**STREET ADDRESS** One Boston Place, Ste 300  
**CITY-ST-ZIP** Boston, MA 02108

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 (203)926-5035  
 Date Daytime Phone #

CR2E034 (9/01)