

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000159

FILED  
Jan 07, 2011  
Secretary of State

Entity Name: MOHAWK CARPET DISTRIBUTION, INC.

**Current Principal Place of Business:**

160 S INDUSTRIAL BLVD  
CALHOUN, GA 30701

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12069  
CALHOUN, GA 30703

**New Mailing Address:**

FEI Number: 58-2173403      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PCEO  
Name: BOYKIN, FRANK H  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

Title: VP  
Name: SCHLEPER, ED  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

Title: V  
Name: VERNETTE, MICHEL S  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

Title: CV  
Name: BRUNK, JAMES  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

Title: VS  
Name: GOETZ, BARBARA M  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

Title: VP  
Name: PETERS, FRANK T  
Address: 160 S INDUSTRIAL BLVD  
City-St-Zip: CALHOUN, GA 30701

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BARBARA M. GOETZ

VP

01/07/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date