FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0547106

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90144 040 ***150.00

DOCUMENT # F93000000373

1. Corporation Name
RED KAP INDUSTRIES, INC.

Principal Place of Business	Mailing Address
545 MARRIOTT DRIVE NASHVILLE TN 37210	P. O. BOX 1022 ATTN: TAX DEPT READING PA 19603 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 21488
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Attn: Tax Dept
City & State 23	City & State 28 Greensboro, NC
Zip 24 / Country 25	Zip 29 27420 / Country 30 US

3. Date Incorporated or Qualified: 01/26/1993

4. FEI Number: 62-1517281 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	R H MATTHEWS		1.2 NAME	Kerry Mortenson	
STREET ADDRESS	545 MARIOTT DRIVE		1.3 STREET ADDRESS	545 Marriott Drive	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Nashville, TN 37210	
TITLE	VPAS	☐ DELETE	2.1 TITLE	VPAS	☒ Change ☐ Addition
NAME	PICKARD, F C I		2.2 NAME	Pickard, FC III	
STREET ADDRESS	1047 N PARK RD		2.3 STREET ADDRESS	628 Green Valley Rd. Ste. 500	
CITY-ST-ZIP	WYOMISSING PA 19610		2. 4 CITY-ST-ZIP	Greensboro, NC 27408	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCPHERSON, CHARLES		3.2 NAME		
STREET ADDRESS	545 MARRIOTT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		3.4. CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	CUMMINGS, C S		4. 2 NAME	Cummings, CS	
STREET ADDRESS	1047 NORTH PARK RD		4.3 STREET ADDRESS	628 Green Valley Rd. Ste. 500	
CITY-ST-ZIP	WYOMISSING PA 19610		4.4 CITY-ST-ZIP	Greensboro, NC 27408	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	SCHAMBERGER, J P		5.2 NAME	Schamberger, JP	
STREET ADDRESS	1047 NORTH PARK RD		5.3 STREET ADDRESS	628 Green Valley Rd, Ste. 500	
CITY-ST-ZIP	WYOMISSING PA 19610		5.4 CITY-ST-ZIP	Greensboro, NC 27408	
TITLE	D	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MCDONALD, M.J.		6.2 NAME	McDonald, MJ	
STREET ADDRESS	1047 N. PARK RD		6.3 STREET ADDRESS	628 Green Valley Rd. Ste. 500	
CITY-ST-ZIP	WYOMISSING PA		6.4 CITY-ST-ZIP	Greensboro, NC 27408	

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/21/99 336-547-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #