


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

FILED

May 05 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 # F93000005288 (6)
1. Corporation Name
CONE MILLS CORPORATION

Principal Place of Business 3101 NORTH ELM STREET GREENSBORO NC 27415-6540	Mailing Address PO BOX 26540 GREENSBORO NC 27415-6540
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/19/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 56-0367025	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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	
85 Zip Code		FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DANAHY, J. PATRICK <input type="checkbox"/> DELETE	1.1 TITLE	Vice President, CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3101 NORTH ELM STREET	1.2 NAME	Anthony L. Furr
STREET ADDRESS	GREENSBORO NC 27415-6540	1.3 STREET ADDRESS	3101 N. Elm Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Greensboro, NC 27415-6540
TITLE	VD BAKANE, JOHN L. <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	3101 NORTH ELM STREET	2.2 NAME	
STREET ADDRESS	GREENSBORO NC 27415-6540	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPS WEATHERFORD, TERRY L. <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	3101 N ELM ST	3.2 NAME	
STREET ADDRESS	GREENSBORO NC	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V KOONCE, NEIL W. <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	3101 NORTH ELM STREET	4.2 NAME	
STREET ADDRESS	GREENSBORO NC 27415-6540	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ATAS BRADBURY, DAVID K. <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	3101 NORTH ELM STREET	5.2 NAME	
STREET ADDRESS	GREENSBORO NC	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: David K. Bradbury 4-24-98 (336) 379-6212

CR2E034 (10/97)