

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F93000005288**

1. Entity Name
CONE MILLS CORPORATION

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90371 011 ***150.00

Principal Place of Business
3101 NORTH ELM STREET
GREENSBORO NC 27415-6540

Mailing Address
PO BOX 26540
GREENSBORO NC 27415-6540

2. Principal Place of Business
804 Green Valley Rd.
Suite, Apt. #, etc.
Suite 300

3. Mailing Address
did not change
Suite, Apt. #, etc.

City & State
Greensboro NC

City & State

Zip
27408 Country
USA

Zip Country

4. FEI Number
56-0367025

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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]*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKANE, JOHN L 3101 NORTH ELM STREET GREENSBORO NC 27415-6540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOV SMITH, GARY L 5101 NORTH ELM STREET GREENSBORO NC 27415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS KOONCE, NEIL W 3101 NORTH ELM STREET GREENSBORO NC 27415-6540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATAS BRADBURY, DAVID K. 3101 NORTH ELM STREET GREENSBORO NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEATHERFORD, TERRY L 3101 NORTH ELM ST GREENSBORO NC 27415-6540	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENHOLD, W SCOTT 3101 NORTH ELM ST GREENSBORO NC 27415-6540	<input type="checkbox"/> Delete

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

CR2E034 (9/01)

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

David K. Bradbury, Asst. Treasurer 4/22/02 (336) 374-6212

Date

Daytime Phone #