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Feb 12 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 # **F94000003335 (6)**

1. Corporation Name
WG APPAREL, INC.

Principal Place of Business	Mailing Address
900 MILIK STREET CARTERET NJ 07008	900 MILIK STREET CARTERET NJ 07008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1994

4. FEI Number: 22-3308458 ☐ Applied For ☐ Not Applicable

5. Certificate 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TRIPP, MAXWELL L.		1.2 NAME		
STREET ADDRESS	3900 GREEN INDUSTRIAL WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA		1.4 CITY-ST-ZIP		
TITLE	CEOC	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, JOHN K		2.2 NAME		
STREET ADDRESS	900 MILIK STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	CARTERET NJ 07008		2.4 CITY-ST-ZIP		
TITLE	VCFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIEGLER, JOHN K JR		3.2 NAME		
STREET ADDRESS	900 MILIK STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CARTERET NJ 07008		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIERAN, MARYANNE		4.2 NAME		
STREET ADDRESS	900 MILIK STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CARTERET NJ 07008		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KLASKY, JACK		5.2 NAME		
STREET ADDRESS	900 MILIK STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CARTERET NJ 07008		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, TED		6.2 NAME		
STREET ADDRESS	900 MILIK STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	CARTERET NJ 07008		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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: Mary-Anne Kieran MARY-ANNE KIERAN 2-3-98 (732) 541-6355