

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000003491 (7)

1. Corporation Name

TEXTILE INDUSTRIES (U.S.A.), INC.

Principal Place of Business

600 INDEPENDENCE BLVD.
GREENVILLE SC 29615

Mailing Address

600 INDEPENDENCE BLVD.
GREENVILLE SC 29615



3. Date Incorporated or Qualified
07/05/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

V CHAMBERS, BRUCE W
600 INDEPENDENCE BLVD.
GREENVILLE SC 29615

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

PDC
CHRISTIENSEN, HERBERT C
295 5TH AVE., #1010-1218
NEW YORK NY 10016

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

V
SCHWARZ, SCOTT B
295 5TH AVE., #1010
NEW YORK NY 10016

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

D
NORTH, PAUL
12-18 ARNCLIFFE ST.
ARNCLIFFE NSW 2205 AUSTRALIA

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

STDC
WINGATE, DAVID L
600 INDEPENDENCE BLVD.
GREENVILLE SC 29615

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

D
MOORE, ANDREW
10-12 WATERLOO DR.
SURRY HILLS NS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

295 5TH AVE., #1218

☒ Change ☐ Addition

600 Independence Blvd.
Greenville, SC 29615

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David L. Wingate 4/25/96 (864) 288-4788

Date Daytime Phone #

CR2E034 (12/95)