

**MAIL**

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000003979

1. Entity Name  
HANES INDUSTRIES DIVISION, INC.



Principal Place of Business  
600 NORTHWEST BLVD  
WINSTON SALEM, NC 27102 US

Mailing Address  
P.O. BOX 757  
CARTHAGE, MO 64836



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
56-1542277

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HAFFNER, DAVID S  
NO 1 LEGGETT RD  
CARTHAGE, MO 64836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MOSSBECK, SHERI L  
NO 1 LEGGETT ROAD  
CARTHAGE, MO 64836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SV  
JETT, ERNEST C  
NO 1 LEGGETT RD  
CARTHAGE, MO 64836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
PURSER, KENNETH W  
NO. 1 LEGGETT ROAD  
CARTHAGE, MO 64836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCV  
GLASSMAN, KARL G  
NO 1 LEGGETT RD  
CARTHAGE, MO 64836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000942766  
05/29/08-80030-025-150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered, to the best of my knowledge and belief,

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth W. Purser

Vice President

4/28/08

Date

(417)358-8131

Daytime Phone #