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FILED
Jul 10 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004877 (6)

1. Corporation Name
RUFF HEWN, INC.

Principal Place of Business

827 HERMAN COURT
HIGH POINT NC 27263

Mailing Address

827 HERMAN COURT
HIGH POINT NC 27263-2165

3. Date Incorporated or Qualified
09/21/1994

3a. Date of Last Report
10/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

06-1399952

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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

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
PO
FINKEL, GARY
64 PINNACLE ROCK RD.
STAMFORD CT

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V8
HELMS, DAVID
827 HERMAN CT
HIGH POINT NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHERRILL, STEPHEN
399 PARK AVENUE 14TH FLOOR
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NELSON, THOMAS C
1110 EAST MOREHEAD STREET
CHARLOTTE NC

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COURNOYER, NOELLE
399 PARK AVE
NEW YORK NY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
ROGERS, RAYMOND
827 HERMAN CT
HIGH POINT NC

☐ DELETE

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

[Signature]
SIGNATURE REQUIRED

7-1-97

CR2E034 (9/96)