

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001087

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90223 049 \*\*\*150.00

DOCUMENT # F95000000293

1. Corporation Name  
ENCEE, INC.

Principal Place of Business  
ONE LAKE CIRCLE  
KANNAPOLIS NC 28081  
US

Mailing Address  
ONE LAKE CIRCLE  
KANNAPOLIS NC 28081  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/19/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

56-1675214

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22

27

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

City & State

City & State

23

28

Zip Country

Zip Country

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CCEO  
NAME HANSEN, CHARLES M JR  
STREET ADDRESS 4111 MINT WY  
CITY-ST-ZIP DALLAS TX 75237

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE PCOO  
NAME CORDES, JEFFREY D  
STREET ADDRESS 4111 MINT WAY  
CITY-ST-ZIP DALLAS TX 75237

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE S  
NAME MOFFETT, SHARON L  
STREET ADDRESS 4111 MINT WAY  
CITY-ST-ZIP DALLAS TX 75237

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE VPC  
NAME WEHTJE, RONALD M  
STREET ADDRESS 4111 MINT WAY  
CITY-ST-ZIP DALLAS TX 75237

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VPAS  
NAME BAKER, CHRISTOPHER  
STREET ADDRESS 4111 MINT WAY  
CITY-ST-ZIP DALLAS TX 75237

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE VP  
NAME PAULSEN, CLIFF D  
STREET ADDRESS ONE LAKE CIRCLE  
CITY-ST-ZIP KANNAPOLIS NC 28081

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

C. D. Paulsen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

(704) 939-2155

Date

Daytime Phone #

CR2E034 (11/98)