

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90132 047 \*\*\*150.00

**DOCUMENT # F96000001833**

1. Entity Name

**CONSO PRODUCTS COMPANY**

Principal Place of Business

Mailing Address

513 N DUNCAN BYPASS  
UNION SC 29379  
USPO BOX 326  
UNION SC 29379-0326**906104**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**57-0986680**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE CT Corporation System

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DCP  
FINDLAY, J CARY  
513 N DUNCAN BYPASS  
UNION SC 29379 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVS  
FINDLAY, KONSTANCE J K  
513 N DUNCAN BYPASS  
UNION SC 29379 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
ZONIN, RICHARD A  
513 N DUNCAN BYPASS  
UNION SC 29379 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAO  
CHRISTENSEN, RICK  
513 N DUNCAN BYPASS  
UNION SC 29379 ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CAO  
DAVIS, JOHN  
513 NORTH DUNCAN BYPASS  
UNION, SC 29379 ☐ Change ☒TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
STEWART, WILLIAM M  
513 N DUNCAN BYPASS  
UNION SC 29379 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐

13. 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 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 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/18/00

864-466-0735