

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000001768**

1. Entity Name

VF KNITWEAR, INC.**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90315 023 ***150.00

Principal Place of Business

Mailing Address

**WALKER RD
MARTINSVILLE VA 24115
US****PO BOX 21488
TAX DEPT
GREENSBORO NC 27420-1488
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1298057

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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

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 State10. 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
**CD
WALKER, L D
PO BOX 5423 - WALKER ROAD
MARTINSVILLE VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DERHOFER, GEORGE N
PO BOX 5423 - WALKER ROAD
MARTINSVILLE VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPAS
PICKARD, FRANK C
628 GREEN VALLEY RD STE 600
GREENSBORO NC 27408** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAS
HOWARD, ROBERT
PO BOX 5423 - WALKER ROAD
MARTINSVILLE VA** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D.E. Templin ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
CUMMINGS, CANDACE S
628 GREEN VALLEY RD STE 500
GREENSBORO NC 27408 +** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Greensboro, NC 27408 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCDONALD, MACKAY J
628 GREEN VALLEY RD STE 500
GREENSBORO NC 27408** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. Lipinski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R. Lipinski - Tax Officer**4/26/00****336-547-6000**

Daytime Phone #

CR2E034 (9/99)