2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2001 8:00 am

| | | | | - Sacratar | w of Stata | | | | |
|---|----------------------------------|---|--------------------------|--|----------------------------------|--|--|--|--|
| DOCUMEN 1. Entity Name | Г# F98000001 | Secretary of State 05-24-2001 90002 003 ***150.00 | | | | | | | |
| | | | | | | | | | |
| VF IMAGEWEAR | (EAST), INC. (| f/k/a VF Knitw | ea <mark>r, Inc.)</mark> | | | | | | |
| Principal Place of Busin | ness | Mailing Address | | | | | | | |
| 1 WALKER RI |) | PO BOX 21488 | • | | | | | | |
| MARTINSVILI | E, VA 24115 | ر بن دیست د | | | | | | | |
| US ' | , | GREENSBORO, | NC 2742 | | | | | | |
| • | | US | | 659798 | | | | | |
| Principal Place of Business | | | | | | | | | |
| | | | | DO NOT WRITE IN THIS | DO NOT WRITE IN THIS SPACE | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | . BONOT WRITE IN THIS | STACE | | | | |
| City & State | | City & State | | 4. FEI Number | Applied For | | | | |
| - , | | | | 54-1298057 | Not Applicable | | | | |
| Zip | Country | Zip | Country | | \$8.75 Additional Fee Required | | | | |
| 6. Name | and Address of Current R | Registered Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | Name | | | | | | |
| CORPORATION SERVICE COMPANY | | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 1201 HAYS S | STREET | | | | | | | | |
| TALLAHASSEE FL 32301-2525 | | | | | Zip Code | | | | |
| | | | City | City FL Zip Code | | | | | |
| 8. The above named er | ntity submits this statement | for the purpose of changing | its registered office | or registered agent, or both, in the State of Florid | a. | | | | |
| | | • | | | | | | | |
| | • | • | * | • | | | | | |
| SIGNATURE | | end genet and title if applicable | /NOTE: Registe | ered Agent signature required when reinstating) | ATÉ | | | | |
| Signature | typed or printed name of registe | ered agent and title if applicable. | | | | | | | |
| 9. This corporation is el Tax filing requiremen (See criteria on back | | FILE NOW!! After MAY 1, 200 Make Check Payat le | 1 Fee will be \$55 | of State | \$5.00 May Be : Added to Fees | | | | |
| 11. | OFFICERS AND D | IRECTORS | 12. | ADDITIONS/CHANGES TO OFFICERS AND | | | | | |
| TITLE CD | | X Delete | TITLE | VP-CFO | Change X Addition | | | | |

WALKER, L.D. KEENE, P.E. NAME 1 WALKER RD PO BOX 5423 - WALKER ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP MARTINSVILLE VA MARTINSVILLE VA CITY - ST - ZIP Change Addition & D TITLE TITLE DERHOFER, GEORGE N NAME NAME PO BOX 5423 - WALKER ROAD STREET ADORESS STREET ADDRESS CITY - ST - ZIP MARTINSVILLE VA CITY - ST - ZIP Change Addition TITLE VPAS & D Delete TITLE PICKARD, FRANK C NAME NAME 628 GREEN VALLEY RD STE 600 STREET ADDRESS STREET ADDRESS GREENSBORO NC 27408 CITY - ST - ZIP CITY - ST - ZIP SVP Change X Addition TITLE VAS X Delete TITLE T.K. RIDEN, NAME TEMPLIN, D.E. NAME 4408 WEST LINEBAUGH AVE PO BOX 5423 - WALKER ROAD STREET ADDRESS STREET ADDRESS TAMPA FL CITY - ST - ZIP MARTINSVILLE VA CITY - ST - ZIP Change Addition TITLE VS Delete CANDACE S CUMMINGS, NAME NAME 628 GREEN VALLEY RD STE 500 STREET ADDRESS STREET ADDRESS GREENSBORO NC 27408 CITY - ST - ZIP CITY - ST - ZIP Addition Delete TITLE TITLE MACKEY J MCDONALD, NAME

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

STREET ADDRESS

CITY - ST - ZIP

| in Block 11 or Block 12 if changed, or on | an attachment with an add | aress, w | nth all other like en | npov | vereu. | • |
|---|---------------------------|----------|-----------------------|------|--------|---------|
| SIGNATURE: | hund | R. | Lipinski | - | Tax | Officer |

27408

SIGNATURE AND TYPED OR PRINTED NAME OF SIG VING OFFICER OR DIRECTOR

628 GREEN VALLEY RD STE 500

GREENSBORO NC

Date '

336-547-6000

Daytime Phone #

SIGNATURE:

NAME

STREET ADDRESS

CITY - ST - ZIP