

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000001768

FILED
Apr 23, 2002 8:00 AM
Secretary of State

Entity Name: VF IMAGEWEAR (EAST), INC.

Current Principal Place of Business:

1 WALKER RD
MARTINSVILLE, VA 24115 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 21488
TAX DEPT
GREENSBORO, NC 27420 US

New Mailing Address:

FEI Number: 54-1298057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPCF () Delete
Name: KEENE, P E
Address: 1 WALKER RD
City-St-Zip: MARTINSVILLE, VA

Title: P () Delete
Name: DERHOFER, GEORGE N
Address: PO BOX 5423 - WALKER ROAD
City-St-Zip: MARTINSVILLE, VA

Title: VPAS () Delete
Name: PICKARD, FRANK C
Address: 628 GREEN VALLEY RD STE 600
City-St-Zip: GREENSBORO, NC 27408

Title: SVP () Delete
Name: RIDEN, T K
Address: 4408 WEST LINEBAUGH AVE
City-St-Zip: TAMPA, FL

Title: VS () Delete
Name: CUMMINGS, CANDACE S
Address: 628 GREEN VALLEY RD STE 500
City-St-Zip: GREENSBORO, NC 27408

Title: D () Delete
Name: MCDONALD, MACKEY J
Address: 628 GREEN VALLEY RD STE 500
City-St-Zip: GREENSBORO, NC 27408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C PICKARD III

VPAS

04/23/2002

Electronic Signature of Signing Officer or Director

_____ Date