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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9800005412

SCAPA PAPER MACHINE CLOTHING (PRESS) INC.

Principal Place of Business	Mailing Address
PO BOX 1411	PO BOX 1411
WILSON NC 27894-1411	WILSON NC 27894

FILED Jan 26, 1999 8:00am **Secretary of State**

01-26-1999 90001 030 ***150.00



Principal Place of Business Mailing Address									
PO BOX 1411		PO BOX 1411				,			
WILSON NC 278	894-1411	411 WILSON NC 27894-1411				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed		- 4	1
						09/28/1998			l
9 0 1 1 1 1 1 1	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For				
Z Principal Pi	ace of Business	2a. Mailing Address					1 H	t Applicable	18
21		26				56-2074559	\$8.75 A		3
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	Fee Re	-	
22		27 City & State				A Flatter Committee Financia		0 May Be	
City & State	e '	City & State				6. Election Campaign Financing Trust Fund Contribution	Addéd t		İ
23]		28						0 1 663	İ
Zip	Country		Zip Country			This corporation owes the current y Personal Property Tax.		□No	İ
24	25 29 30				10. Name and Address of New Regi			İ	
	9. Name and Address of Current	Registered Agent		81	Name	To Hallic and Addition of the Hall			
CT	CORPORATION SYSTEM	Section 1997							1
SC/\1200	SOUTH PINE ISLAND ROAD	(有有限)等(A)		82	Street Add	ress (P.O. Box Number is Not Acceptable)	,		ĺ
	NTATION FL 33324			83		1 15 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	1. 921 - 5415: (Jie 2186)	HAND HAN ING	ł
FLA	TATION FE 33324			63				環境層	ĺ
				84	City	रियोग की से हैं। एक की किसार राजक के	85 Zip C	Code	ĺ
NA PAN LIEL		Barting a second			-		FL 89 240	.,,	1
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statu	tes, the a	bove	-named corp	poration submits this statement for the purpon's board of directors. I hereby accept the	oose of changing its appointment as re	registered distered	ĺ
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fk	orida Stat	utes.	ine corporati	one board of disorders thereby decept and			
SIGNATURE						<u> </u>			ĺ
SIGNATORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTI		Agent	l signature require		DATE DIDECTO	DC IN 12	١ģ
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE		Addition	₹
TITLE	PCD	☐ DELETE	1.1 TI	TLE		15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	☐ Change	Addition	1,2
NAME	LIU, IHOMAS J		1.2 N	AME					[]
STREET ADDRESS	5400 GLENWOOD AVE, SUITE 2	. 218 1.3 ST		REET	ADDRESS	,			וַ
CTTY-ST-ZIP	RALEIGH NC		1.4 CITY-		-ZIP				įį
TITLE	SD	☐ DELETE	2.1 TITI.				☐ Change	☐ Addition	'
NAME	JOYCE, LEIGH		2.2 NAM						[
STREET ADDRESS	3040 BLACK CREEK ROAD		2.3 STR		ADDRESS				
CITY-ST-ZIP	WILSON NC	to the state of the	2. 4 CIT		T-ZiP	·			
TITLE	ક મુંદ્રા કરો		3.1 TITL				☐ Change	Addition	ļ
NAME (1995)			3.2 N	AME.		المرابع المراجعة المتعارب المرابع	ساست د ليد		1
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#1.PJ	MARGRES PREM			TY-S					
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			4.21						
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NAME	,				ADDDECA		建 基本企业		Ì
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NAME	Sam Of Every 17 18, 1746	2년 - 11 - 11 - 11 - 11 - 11 - 11 - 11 -	6.2 N	AME				•	
STREET ADDRESS	MARION IN THE	•	6.3 S	TREET	ADDRESS				
CITY-ST-ZIP	SO		6.4 CITY		г- ZIP				

14. 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.