

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 01, 2000 8:00 am**
Secretary of State

02-01-2000 90094 032 ***150.00

DOCUMENT # P02483

1. Entity Name

SHAW INDUSTRIES, INC.

Principal Place of Business	Mailing Address
616 EAST WALNUT AVENUE DALTON GA 30721-4409	P.O. DRAWER 2128 DALTON GA 30722-2128 US

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **58-1032521**

Applied For

Not Applied

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
SUITE 105
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	D	<input type="checkbox"/> Delete
NAME	SHAW, J.C.	
STREET ADDRESS	721 WEST AVE.	
CITY-ST-ZIP	CARTERSVILLE GA 30210	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAUL, JULIAN	
STREET ADDRESS	616 E. WALNUT AVE.	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARLIN, ROBERT R.	
STREET ADDRESS	3131 SLATON DR., NW	
CITY-ST-ZIP	ATLANTA GA 30309	
TITLE	DVC	<input type="checkbox"/> Delete
NAME	LITTLE, W. NORRIS	
STREET ADDRESS	104 NORTH GOOSEHILL RD	
CITY-ST-ZIP	ROCKY FACE GA 30740	
TITLE	C	<input type="checkbox"/> Delete
NAME	HOSKINS, DOUGLAS H	
STREET ADDRESS	1708 BRIARCLIFF CIRLCE	
CITY-ST-ZIP	DALTON GA 30720	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAUGHTER, BENNIE M	
STREET ADDRESS	4004 MILLSTONE CIRCLE	
CITY-ST-ZIP	ROCKY FACE GA 30740	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS H. HOSKINS, CONTROLLER

Date

Daytime Phone #

1-17-00**706-278-3812**