


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

FILED

Jan 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P05109 (4) 1. Corporation Name SOUTHERN FILM EXTRUDERS, INC.					
Principal Place of Business 1829 EASTCHESTER DRIVE PO BOX 2104 HIGHPOINT NC 27265 US			Mailing Address PO BOX 2104 PO BOX 2104 HIGHPOINT NC 27261 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/25/1985	
21		26		4. FEI Number 56-0852383	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28		24	
Zip		Country		25	
29		30		9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
26		31		10. Name and Address of New Registered Agent	
27		32		81 Name	
28		33		82 Street Address (P.O. Box Number is Not Acceptable)	
29		34		83	
30		35		84 City	
31		36		85 Zip Code	
32		37		FL	
33		38		11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
34		39		SIGNATURE	
35		40		Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
36		41		DATE	
37		42		12. OFFICERS AND DIRECTORS	
38		43		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
39		44		1.1 TITLE	
40		45		1.2 NAME	
41		46		1.3 STREET ADDRESS	
42		47		1.4 CITY - ST - ZIP	
43		48		2.1 TITLE	
44		49		2.2 NAME	
45		50		2.3 STREET ADDRESS	
46		51		2.4 CITY - ST - ZIP	
47		52		3.1 TITLE	
48		53		3.2 NAME	
49		54		3.3 STREET ADDRESS	
50		55		3.4 CITY - ST - ZIP	
51		56		4.1 TITLE	
52		57		4.2 NAME	
53		58		4.3 STREET ADDRESS	
54		59		4.4 CITY - ST - ZIP	
55		60		5.1 TITLE	
56		61		5.2 NAME	
57		62		5.3 STREET ADDRESS	
58		63		5.4 CITY - ST - ZIP	
59		64		6.1 TITLE	
60		65		6.2 NAME	
61		66		6.3 STREET ADDRESS	
62		67		6.4 CITY - ST - ZIP	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)

14. 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 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.

SIGNATURE: *John L. Barnes, Jr.* JOHN L. BARNES, JR - VP 1/8/98 336-885-8091