


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06639</b> 1. Entity Name <b>M. G. NEWELL CORPORATION</b>	
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Principal Place of Business <b>301 CITATION CT. GREENSBORO, NC 27409</b>	Mailing Address <b>P.O. BOX 18765 GREENSBORO, NC 27419</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03182005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>56-1443724</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHERRILL, JOHN R. JR. 301 CITATION CT GREENSBORO, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HART, JULIE E 301 CITATION COUTR GREENSBORO, NC 27409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRINK, DAVID A., SR. 4400 BISHOP LANE SUITE 112 LOUISVILLE, KY 40218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHERRILL, SARAH B. 2300 DANBURY ROAD GREENSBORO, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/26/05-80015-009 150.00

**DO NOT WRITE  
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/18/05** **336-393-0100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #