

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90307 015 \*\*\*150.00

**DOCUMENT # P06639**

1. Entity Name  
**M. G. NEWELL CORPORATION**



Principal Place of Business  
**301 CITATION CT.  
GREENSBORO, NC 27409**

Mailing Address  
**P.O. BOX 18765  
GREENSBORO, NC 27419**

**DO NOT WRITE IN THIS SPACE**



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**56-1443724**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	SHERRILL, JOHN R. JR.
STREET ADDRESS	301 CITATION CT
CITY - ST - ZIP	GREENSBORO, NC 27409
TITLE	T
NAME	HART, JULIE E
STREET ADDRESS	301 CITATION COUTR
CITY - ST - ZIP	GREENSBORO, NC 27409
TITLE	V
NAME	BRINK, DAVID A., SR.
STREET ADDRESS	4400 BISHOP LANE SUITE 112
CITY - ST - ZIP	LOUISVILLE, KY 40218
TITLE	SD
NAME	SHERRILL, SARAH B.
STREET ADDRESS	2300 DANBURY ROAD
CITY - ST - ZIP	GREENSBORO, NC
TITLE	V
NAME	MICHAEL SHERRILL
STREET ADDRESS	301 CITATION COUTR
CITY - ST - ZIP	GREENSBORO NC 27409
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-13-06**  
Date

**336.393.0100**  
Daytime Phone #