

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

FILED

May 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11833** (1)

1. Corporation Name  
**FIELDCREST CANNON, INC.**

Principal Place of Business  
**326 EAST STADIUM DRIVE  
EDEN NC 27288**

Mailing Address  
**326 EAST STADIUM DRIVE  
EDEN NC 27288-3523**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/20/1986</b>	3a. Date of Last Report <b>04/29/1996</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>58-0586036</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FITZGIBBONS, JAMES M.</b>	12 NAME	
STREET ADDRESS	<b>ONE LAKE CIRCLE DRIVE</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>KANNAPOLIS NC</b>	14 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DELLINGER, ROBERT E</b>	22 NAME	
STREET ADDRESS	<b>ONE LAKE CIRCLE DRIVE</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>KANNAPOLIS NC</b>	24 CITY-ST-ZIP	
TITLE	<b>VCFO</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STAAB, THOMAS R</b>	32 NAME	
STREET ADDRESS	<b>326 E STADIUM DRIVE</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN NC</b>	34 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NEVINS, J.M.</b>	42 NAME	
STREET ADDRESS	<b>ONE LAKE CIRCLE DRIVE</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>KANNAPOLIS NC</b>	44 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANGFORD, G.R.</b>	52 NAME	
STREET ADDRESS	<b>326 E STADIUM DRIVE</b>	53 STREET ADDRESS	
CITY-ST-ZIP	<b>EDEN NC</b>	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>C</b>
STREET ADDRESS		63 STREET ADDRESS	<b>C. D. Paulsen</b>
CITY-ST-ZIP		64 CITY-ST-ZIP	<b>326 E. Stadium Drive Eden, NC 27288</b>

14. I do 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: C. D. Paulsen REQUIRED **D. Paulsen** 4-22-97 910-627-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0010093

CR2E034 (9/96)