

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90451 039 \*\*\*150.00

0654088  
AT

**DOCUMENT # P11833**

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



Principal Place of Business  
**ONE LAKE CIRCLE DRIVE  
KANNAPOLIS NC 28081**

Mailing Address  
**4111 MINT WAY  
DALLAS TX 75237  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **56-0586036**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
**CORPORATION SERVICE COMPANY**  
Street Address (P.O. Box Number is Not Acceptable)  
**1201 HAYS STREET**  
City **TALLAHASSEE** FL Zip Code **32301**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	COO	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ANTHONY T	
STREET ADDRESS	4111 MINT WAY	
CITY-ST-ZIP	DALLAS TX 75237	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	POLLOCK, HANK	
STREET ADDRESS	4111 MINT WAY	
CITY-ST-ZIP	DALLAS TX 75237	
TITLE	VGCA	<input type="checkbox"/> Delete
NAME	STERLING, JOHN F	
STREET ADDRESS	4111 MINT WAY	
CITY-ST-ZIP	DALLAS TX 75237	
TITLE	EVPC	<input type="checkbox"/> Delete
NAME	HARMON, MICHAEL R	
STREET ADDRESS	ONE LAKE CIRCLE DRIVE	
CITY-ST-ZIP	KANNAPOLIS NC 28081	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BLOUGH, ERIC J	
STREET ADDRESS	ONE LAKE CIRCLE DRIVE	
CITY-ST-ZIP	KANNAPOLIS NC 28081	
TITLE	EVPS	<input checked="" type="checkbox"/> Delete
NAME	SHIMIZU, SCOTT E	
STREET ADDRESS	4111 E. SHIMIZU	
CITY-ST-ZIP	DALLAS TX 75237	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL T GANNAWAY	
STREET ADDRESS	1 LAKE CIRCLE DRIVE	
CITY-ST-ZIP	KANNAPOLIS NC 28081	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	COO/CFO	<input checked="" 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	VP HR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD MALLO	
STREET ADDRESS	1 LAKE CIRCLE DRIVE	
CITY-ST-ZIP	KANNAPOLIS NC 28081	

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: \_\_\_\_\_

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John F. Sterling 4/21/03**

Date

Daytime Phone #

**214-333-3225**

CR2E034 (10/02)