

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P15684

(4)

1. Corporation Name

BURLINGTON INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**3330 W. FRIENDLY AVE.
P.O. BOX 21207. TAX DEPT.
GREENSBORO NC 27420**

**3330 W. FRIENDLY AVE.
P.O. BOX 21207. TAX DEPT.
GREENSBORO NC 27420**



3. Date Incorporated or Qualified
08/25/1987

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CD** ☐ DELETE
NAME **GREENBERG, FRANK**
STREET ADDRESS **500 EAST SHORE RD.**
CITY-ST-ZIP **KINGS POINT NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **CFD** ☒ DELETE
NAME **HUGHES, DONALD**
STREET ADDRESS **3 NEW BERN SQUARE**
CITY-ST-ZIP **GREENSBORO NC**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **P/D**
2.3 STREET ADDRESS **George W. Henderson, III**
2.4 CITY-ST-ZIP **603 Woodland Drive**
Greensboro, NC

TITLE **GV** ☐ DELETE
NAME **WALDREP, GEORGE C.**
STREET ADDRESS **7230 STRAWBERRY RD.**
CITY-ST-ZIP **SUMMERFIELD NC**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **V/S**
3.3 STREET ADDRESS **Barbara K. Eisenberg**
3.4 CITY-ST-ZIP **Todd Road**
Katonah, NY

TITLE **T** ☐ DELETE
NAME **DAVIDSON, PARK R**
STREET ADDRESS **106 MEADOWBROOK TERR**
CITY-ST-ZIP **GREENSBORO NC**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **GV** ☒ DELETE
NAME **BARNES, ROBERT L.**
STREET ADDRESS **2524 CORNWALLIS AVE.**
CITY-ST-ZIP **ROANOKE VA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **VASC** ☐ DELETE
NAME **ENGLAR, JOHN D**
STREET ADDRESS **215 N RIDGEWAY DR**
CITY-ST-ZIP **GREENSBORO NC**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **V**
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Park R. Davidson

4/15/96

Date

Daytime Phone #

CR2E037 (12/95)