
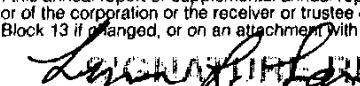


FILE NOW: FILING FEE IS \$61.25

FILED
May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P15684 (4) 1. Corporation Name BURLINGTON INDUSTRIES, INC.					
Principal Place of Business 3330 W. FRIENDLY AVE. P.O. BOX 21207, TAX DEPT. GREENSBORO NC 27420			Mailing Address 3330 W. FRIENDLY AVE. P.O. BOX 21207, TAX DEPT. GREENSBORO NC 27420-1207		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date incorporated or Qualified 08/25/1987 3a. Date of Last Report 04/18/1996 4. FEI Number 56-1584586 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	CD	<input type="checkbox"/> DELETE			
NAME	GREENBERG, FRANK				
STREET ADDRESS	500 EAST SHORE RD.				
CITY - ST - ZIP	KINGS POINT NY				
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	HENDERSON, GEORGE W. III				
STREET ADDRESS	603 WOODLAND DR				
CITY - ST - ZIP	GREENSBORO NC				
TITLE	GV	<input type="checkbox"/> DELETE			
NAME	WALDREP, GEORGE C.				
STREET ADDRESS	7230 STRAWBERRY RD.				
CITY - ST - ZIP	SUMMERFIELD NC				
TITLE	T	<input checked="" type="checkbox"/> DELETE			
NAME	DAVIDSON, PARK R				
STREET ADDRESS	106 MEADOWBROOK TERR				
CITY - ST - ZIP	GREENSBORO NC				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	EISENBERG, BARBARA K.				
STREET ADDRESS	TODD ROAD				
CITY - ST - ZIP	KATONAH NY				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	ENGLAR, JOHN D				
STREET ADDRESS	215 N RIDGEWAY DR				
CITY - ST - ZIP	GREENSBORO NC				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	Vice President & Treasurer				
4.3 STREET ADDRESS	Lynn L. Lane				
4.4 CITY - ST - ZIP	5204 Huntscroft Court Winston-Salem, NC 27408				
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  REQUIRE DV.P. & Treasurer 4/21/97 (910)379-2203					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Daytime Phone # 0076706					

CR2E037 (9/96)