

FILE NOW: FILING FEE IS \$61.25

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| NON-PROFIT CORPORATION ANNUAL REPORT 1998 |  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.

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|---|---|
| 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 |
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| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 08/25/1987 | |
| 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 |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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| 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 85 Zip Code FL |
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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

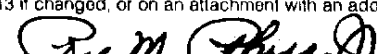
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| | | | |
|----------------------------|---|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | CD <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GREENBERG, FRANK | 1.2 NAME | 500002525885--1 |
| STREET ADDRESS | 500 EAST SHORE RD. | 1.3 STREET ADDRESS | -05/15/98--01091--015 |
| CITY-ST-ZIP | KINGS POINT NY | 1.4 CITY-ST-ZIP | ****150.00 ****150.00 |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HENDERSON, GEORGE W. III | 2.2 NAME | |
| STREET ADDRESS | 803 WOODLAND DR | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENSBORO NC | 2.4 CITY-ST-ZIP | |
| TITLE | GV <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALDREP, GEORGE C. | 3.2 NAME | |
| STREET ADDRESS | 7230 STRAWBERRY RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SUMMERFIELD NC | 3.4 CITY-ST-ZIP | |
| TITLE | VPT <input type="checkbox"/> DELETE | 4.1 TITLE | VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANE, LYNN L | 4.2 NAME | Lane, Lynn L |
| STREET ADDRESS | 5204 HUNTS CROFT COURT | 4.3 STREET ADDRESS | 15 Westmount Court |
| CITY-ST-ZIP | WINSTON-SALEM NC | 4.4 CITY-ST-ZIP | Greensboro, NC |
| TITLE | VS <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EISENBERG, BARBARA K. | 5.2 NAME | |
| STREET ADDRESS | TODD ROAD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | KATONAH NY | 5.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENGLAR, JOHN D | 6.2 NAME | |
| STREET ADDRESS | 215 N RIDGEWAY DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | GREENSBORO NC | 6.4 CITY-ST-ZIP | |

14. 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 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:  Roy M. Phipps, Jr. 4/21/98 (336) 379-2203

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)