## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P25526

City-St-Zip:

HENDERSON, NC 27536

Entity Name: VARIETY WHOLESALERS, INC.

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1000 FACET RD HENDERSON, NC 27536 **Current Mailing Address: New Mailing Address:** PO DRAWER 947 HENDERSON, NC 27536 FEI Number: 56-0653322 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOC () Delete Title: () Change () Addition Name: POPE, JAMES A Name: 218 SOUTH GARNETT STREET Address: Address: City-St-Zip: HENDERSON, NC 27536 City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition SAWYER, WILSON Name: SAWYER, WILSON Name: 218 SOUTH GARNETT STREET 218 SOUTH GARNETT STREET Address: Address: HENDERSON, NC 27536 HENDERSON, NC 27536 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: VPC () Change () Addition SPRUNGER, BRANT Name: Name: 1000 FACET ROAD Address: Address: City-St-Zip: HENDERSON, NC 27537 City-St-Zip: Title: EVP () Delete Title: () Change () Addition FAVREAU, KEITH Name: Name: Address: 1000 FACET ROAD Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: BRANT SPRUNGER VPC 04/22/2009