FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28661** **(7)**

1. Corporation Name

FIBERWEB NORTH AMERICA, INC.

Principal Place of Business

840 SOUTHEAST MAIN STREET
SIMPSONVILLE SC 29681

Mailing Address

840 SOUTHEAST MAIN STREET
SIMPSONVILLE SC 29681

3. Date Incorporated or Qualified: **03/28/1990**

3a. Date of Last Report: **08/14/1995**

4. FEI Number: **62-1421309**

Applied For / Not Applicable

5. Certificate of Status Desired: [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. Is this corporation filing for an automatic tax exemption under s. 199.032, Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip / 25 County

2a. Mailing Address
26 5850 T.G. LEE BLVD.
27 Suite, Apt. #, etc. SUITE 345
28 City & State ORLANDO, FL.
29 Zip 32822 / 30 County ORANGE

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 Section 607.0505, Florida Statutes, 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. Subject to the qualifications set forth above, the corporation agrees to comply with the provisions of Section 607.0505, Florida Statutes, and to keep the registered office and registered agent in Florida open and accessible. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[X] DELETE	TITLE PRESIDENT / DIRECTOR [X] Change [X] Addition
NAME	FEHRMAN, ROGER		NAME MIGIRDIC VALBANTYAD
STREET ADDRESS	840 S. E. MAIN STREET		STREET ADDRESS 840 SOUTHEAST MAIN STREET
CITY, ST, ZIP	SIMPSONVILLE SC		CITY, ST, ZIP SIMPSONVILLE SC 29681
TITLE	S	[X] DELETE	TITLE TREASURER [X] Change [X] Addition
NAME	PARR, HENRY L JR		NAME WILLIAM VOLTE
STREET ADDRESS	44 E CAMPERDOWN WAY		STREET ADDRESS 840 SOUTHEAST MAIN STREET
CITY, ST, ZIP	GREENVILLE SC		CITY, ST, ZIP SIMPSONVILLE SC 29681
TITLE	VT	[X] DELETE	TITLE DIRECTOR [ ] Change [X] Addition
NAME	BURGE, MICHAEL		NAME RON SMORADA
STREET ADDRESS	840 S. E. MAIN STREET		STREET ADDRESS 840 SOUTHEAST MAIN STREET
CITY, ST, ZIP	SIMPSONVILLE SC		CITY, ST, ZIP SIMPSONVILLE SC 29681
TITLE	D	[ ] DELETE	TITLE [ ] Change [ ] Addition
NAME	TAVERNETTI, DENNIS R		NAME
STREET ADDRESS	840 SE MAIN STR		STREET ADDRESS
CITY, ST, ZIP	SIMPSONVILLE SC		CITY, ST, ZIP
TITLE	D	[X] DELETE	TITLE [ ] Change [ ] Addition
NAME	WENGER, RUDOLF		NAME
STREET ADDRESS	840 S E MAIN STREET		STREET ADDRESS
CITY, ST, ZIP	SIMPSONVILLE SC		CITY, ST, ZIP
TITLE	CD	[X] DELETE	TITLE [ ] Change [ ] Addition
NAME	REISER, PEDRO		NAME
STREET ADDRESS	840 SE MAIN STR		STREET ADDRESS
CITY, ST, ZIP	SIMPSONVILLE SC		CITY, ST, ZIP

14. I do hereby certify that the information supplied with this report is true, accurate and complete for the purposes of this report as required by Section 607.0505, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall be the equivalent of a manual signature affixed to this report for the purposes of Section 817.155, Florida Statutes. 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 12 or Block 13 if changed or added to the report, with an address.

SIGNATURE: W. Nolte 3-26-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E034 (12/95)