FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 7:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29413** **(2)**

1. Corporation Name
BURLINGTON BRANDS, INC.

Principal Place of Business	Mailing Address
1200 PLAZA DR P.O. BOX 1023 BURLINGTON NC 27216-6023	1266 PLAZA DR P.O. BOX 1023 BURLINGTON NC 27216-6023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1990	3a. Date of Last Report: 03/15/1994
4. FEI Number: 56-1299799	☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

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

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FITZGERALD, KEVIN J.	1.2 NAME	
STREET ADDRESS	3021 S. FAIRWAY DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NC	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SAPP, BENNETT B.	2.2 NAME	
STREET ADDRESS	2806 N. FAIRWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NC	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, NAT T.	3.2 NAME	
STREET ADDRESS	2533 PINEWAY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON NC	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NOWELL, MATT H.	4.2 NAME	
STREET ADDRESS	2604 TATTON DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	Director
STREET ADDRESS		5.3 STREET ADDRESS	Blake A. Waggoner
CITY-ST-ZIP		5.4 CITY-ST-ZIP	1266 Plaza Drive Burlington, NC 27215
TITLE		6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	A.G. Nowell, Jr. P.O. Box 10005 n/a
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Raleigh, NC 27605

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kevin J. Fitzgerald 3/28/95 (910) 227-7060
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0498148 FN