

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

001051

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90060 017 ***150.00

DOCUMENT # **P29413**

1. Corporation Name

BURLINGTON BRANDS, INC.

Principal Place of Business

1266 PLAZA DR
P.O. BOX 1023
BURLINGTON NC 27216-8023

Mailing Address

1266 PLAZA DR
P.O. BOX 1023
BURLINGTON NC 27216-8023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1990

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZGERALD, KEVIN J.	
STREET ADDRESS	3021 S. FAIRWAY DR.	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAPP, BENNETT B.	
STREET ADDRESS	2806 N. FAIRWAY	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARRIS, NAT T.	
STREET ADDRESS	2533 PINEWAY DR.	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOWELL, MATT H.	
STREET ADDRESS	2604 TATTON DR.	
CITY-ST-ZIP	RALEIGH NC	
TITLE	O	<input type="checkbox"/> DELETE
NAME	BLAKE A. WAGGONER	
STREET ADDRESS	1266 PLAZA DRIVE	
CITY-ST-ZIP	BURLINGTON NC	
TITLE	T	<input type="checkbox"/> DELETE
NAME	A.G. NOWELL, JR.	
STREET ADDRESS	P.O. BOX 10005	
CITY-ST-ZIP	RALEIGH 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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99

Date

336 227 7060

Daytime Phone #

CR2E034 (11/98)