

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91103 002 ***150.00

DOCUMENT # P29413

1. Entity 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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **56-1299799**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	D	<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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

(336) 227-7060

Date

Daytime Phone #

CR2E034 (10/02)