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FILED  
Jan 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P31049** (0)  
1. Corporation Name  
**WESTPOINT STEVENS STORES INC.**



Principal Place of Business  
**507 WEST 10TH STREET  
WEST POINT GA 31833  
US**

Mailing Address  
**P O BOX 71  
WEST POINT GA 31833  
US**

DO NOT WRITE IN THIS SPACE

|  |                     |                     |                     |  |  |
|--|---------------------|---------------------|---------------------|--|--|
| 2. Principal Place of Business   |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>09/25/1990</b>   |  |
| 21   | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>58-1761818</b>   | Applied For<br><input type="checkbox"/> Not Applicable<br><input type="checkbox"/> |
| 22   | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |
| 23   | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>   |  |
| 24   | Country             | 29                  | Country             | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> |                     |                     |                     | 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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>VELSMID, MICHAEL J.</b>                          | 1.2 NAME  |  |
| STREET ADDRESS             | <b>P.O. BOX 609</b>                                 | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA</b>                                | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>TERRY, RICHMOND B.</b>                           | 2.2 NAME  |  |
| STREET ADDRESS             | <b>507 WEST 10TH STREET</b>                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA</b>                                | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>C</b> <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>MONROE, FRANK B.</b>                             | 3.2 NAME  |  |
| STREET ADDRESS             | <b>P.O. BOX 609</b>                                 | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA</b>                                | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>S</b> <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>VS</b>   | 4.2 NAME  |  |
| STREET ADDRESS             | <b>507 WEST 10TH STREET</b>                         | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA</b>                                | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>VPAS</b> <input type="checkbox"/> DELETE         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>HUMPHRIES, M. CLAYTON JR.</b>                    | 5.2 NAME  |  |
| STREET ADDRESS             | <b>507 WEST 10TH STREET</b>                         | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA</b>                                | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <b>D</b> <input checked="" type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| NAME                       | <b>JENNINGS, JOSEPH L</b>                           | 6.2 NAME  |  |
| STREET ADDRESS             | <b>507 WEST 10TH STREET</b>                         | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | <b>WEST POINT GA 31833</b>                          | 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.

SIGNATURE: **P. J. Jennings** (Vice President)

1-15-98

706 645-4050

CR2E034 (10/97)

**WESTPOINT STEVENS STORES INC.  
BUSINESS ADDRESSES**

**DIRECTORS**

**Morgan M. Schuessler**  
507 West 10th Street  
West Point, GA 31833

**Thomas J. Ward**  
1185 Avenue of the Americas  
New York NY 10036

**OFFICERS**

**Morgan M. Schuessler**  
Vice President & Treasurer  
507 West 10th Street  
West Point, GA 31833

**A. Taylor Nance**  
Assistant Secretary  
1185 Avenue of the Americas  
New York, NY 10036