

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 030 ***150.00

DOCUMENT # P31049

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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
09/25/1990

4. FEI Number
58-1761818

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	VELSMID, MICHAEL J.	
STREET ADDRESS	P.O. BOX 609	
CITY-ST-ZIP	WEST POINT GA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, RICHMOND B.	
STREET ADDRESS	507 WEST 10TH STREET	
CITY-ST-ZIP	WEST POINT GA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	MONROE, FRANK B.	
STREET ADDRESS	P.O. BOX 609	
CITY-ST-ZIP	WEST POINT GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VS	
STREET ADDRESS	507 WEST 10TH STREET	
CITY-ST-ZIP	WEST POINT GA	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	HUMPHRIES, M. CLAYTON JR.	
STREET ADDRESS	507 WEST 10TH STREET	
CITY-ST-ZIP	WEST POINT GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Zodrow, Christopher N.	
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 checked="" type="checkbox"/> Addition
6.2 NAME	Griffith, J. Nelson	
6.3 STREET ADDRESS	507 West 10th Street	
6.4 CITY-ST-ZIP	West Point GA 31833	

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: Christopher N. Zodrow 1-19-99 706 645-4112
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

240253-90081-30
P 31049

**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