FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P33081** **(1)**

1. Corporation Name

COATS TRIM RESOURCES, INC.

Principal Place of Business	Mailing Address
TWO LAKEPOINTE PLAZA 4135 SOUTH STREAM BLVD. CHARLOTTE NC 28217-3958 US	TWO LAKEPOINTE PLAZA 4135 SOUTH STREAM BLVD CHARLOTTE NC 28217-3958 US

3. Date Incorporated or Qualified: **03/08/1991**
3a. Date of Last Report: **01/23/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **56-1725143** ☐ 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

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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	11 TITLE	D	☒ Change ☐ Addition
NAME	SMITH, THOMAS J.		12 NAME	Same	
STREET ADDRESS	2 LAKEPOINTE PLAZA 4135 S STREAM BLVD		13 STREET ADDRESS	Same	
CITY-ST-ZIP	CHARLOTTE NC		14 CITY-ST-ZIP	Same	
TITLE	VD	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	COTHRAN, ROGER L.		22 NAME	Same	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD		23 STREET ADDRESS	Same	
CITY-ST-ZIP	CHARLOTTE NC		24 CITY-ST-ZIP	Same	
TITLE	STD	☐ DELETE	31 TITLE	VSD	☒ Change ☐ Addition
NAME	BUDNICK, RONALD V.		32 NAME	Same	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD		33 STREET ADDRESS	Same	
CITY-ST-ZIP	CHARLOTTE NC		34 CITY-ST-ZIP	Same	
TITLE	AS	☐ DELETE	41 TITLE	TAS	☒ Change ☐ Addition
NAME	WILLEMS, RICARDO		42 NAME	Same	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD		43 STREET ADDRESS	Same	
CITY-ST-ZIP	CHARLOTTE NC		44 CITY-ST-ZIP	Same	
TITLE		☐ DELETE	51 TITLE	P	☐ Change ☒ Addition
NAME			52 NAME	William Mahoney	
STREET ADDRESS			53 STREET ADDRESS	2 LakePointe Plaza, 4135 S. Stream Blvd.	
CITY-ST-ZIP			54 CITY-ST-ZIP	Charlotte, NC 28217	
TITLE		☐ DELETE	61 TITLE	AS	☐ Change ☒ Addition
NAME			62 NAME	Alan W. DeMello	
STREET ADDRESS			63 STREET ADDRESS	2 LakePointe Plaza, 4135 S. Stream Blvd.	
CITY-ST-ZIP			64 CITY-ST-ZIP	Charlotte, NC 28217	

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)(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: Alan W. DeMello ALAN W. DeMELLO 4-4-96 704-329-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)