


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

FILED  
Apr 22 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P33081 (1)</b> 1. Corporation Name <b>COATS TRIM RESOURCES, INC.</b>			
Principal Place of Business <b>TWO LAKEPOINTE PLAZA 4135 SOUTH STREAM BLVD. CHARLOTTE NC 28217-3958 US</b>		Mailing Address <b>TWO LAKEPOINTE PLAZA 4135 SOUTH STREAM BLVD. CHARLOTTE NC 28217-4523 US</b>	
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 <b>03/08/1991</b>		3a. Date of Last Report <b>04/15/1996</b>	
4. FEI Number <b>56-1725143</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ <small>Signature type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input checked="" type="checkbox"/> DELETE <b>SMITH, THOMAS J.</b> <b>2 LAKEPOINTE PLAZA 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>COTHRAN, ROGER L.</b> <b>2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VSD</b> <input type="checkbox"/> DELETE <b>BUDNICK, RONALD V.</b> <b>2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TAS</b> <input type="checkbox"/> DELETE <b>WILLEMS, RICARDO</b> <b>2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <input type="checkbox"/> DELETE <b>MAHONEY, WILLIAM</b> <b>2 LAKEPOINTE PLAZA 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <input type="checkbox"/> DELETE <b>DEMELLO, ALAN W.</b> <b>2 LAKEPOINTE PLAZA 4135 S STREAM BLVD</b> <b>CHARLOTTE NC</b>	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: <i>Alan W. Demello</i> <b>ALAN W. DEMELLO</b> 2-10-97 704-529-5800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

CR2E034 (9/96)

## **COATS TRIM RESOURCES**

**9851 NW 106th Street, Suite 1  
Medley, FL 33178**

### **OFFICERS AND DIRECTORS**

#### **OFFICERS**

<b>President</b>	<b>William R. Mahoney, Jr.</b>	<b>4135 South Stream Blvd. Charlotte, NC 28217</b>
<b>Vice President</b>	<b>Ronald V. Budnick</b>	<b>4135 South Stream Blvd. Charlotte, NC 28217</b>
<b>Vice President</b>	<b>William Lombardo</b>	<b>4135 South Stream Blvd. Charlotte, NC 28217</b>
<b>Treasurer/ Assistant Secretary</b>	<b>Ricardo Willems</b>	<b>4135 South Stream Blvd. Charlotte, NC 28217</b>
<b>Assistant Secretary</b>	<b>Alan W. DeMello</b>	<b>4135 South Stream Blvd. Charlotte, NC 28217</b>

#### **DIRECTORS**

**Ronald V. Budnick  
Roger L. Cothran  
William R. Mahoney, Jr.**