

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

001024

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90251 023 ***150.00

DOCUMENT # P33081

1. Corporation Name

COATS TRIM RESOURCES, INC.

Principal Place of Business

TWO LAKEPOINTE PLAZA
4135 SOUTH STREAM BLVD.
CHARLOTTE NC 28217-3958
US

Mailing Address

TWO LAKEPOINTE PLAZA
4135 SOUTH STREAM BLVD.
CHARLOTTE NC 28217-3958
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1991

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

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

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, THOMAS J.	
STREET ADDRESS	2 LAKEPOINTE PLAZA 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COTHRAN, ROGER L.	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BUDNICK, RONALD V.	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	WILLEMS, RICARDO	
STREET ADDRESS	2 LAKEPOINTE PLAZA, 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MAHONEY, WILLIAM	
STREET ADDRESS	2 LAKEPOINTE PLAZA 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DEMELLO, ALAN W.	
STREET ADDRESS	2 LAKEPOINTE PLAZA 4135 S STREAM BLVD	
CITY-STATE-ZIP	CHARLOTTE NC	

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-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

ALAN W. DEMELLO

4-14-99

704-329-5800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)