

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34139

1. Entity Name

DELTA MERCHANDISING, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90942 020 ***158.75

Principal Place of Business	Mailing Address
233 N MAIN ST SUITE 250 GREENVILLE SC 29601 US	233 N MAIN ST SUITE 250 GREENVILLE SC 29601-2147 US

2. Principal Place of Business P.O. Box 688 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 688 Suite, Apt. #, etc.
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City & State Winder GA.	City & State
Zip 30680	Country BARROW

4. FEI Number 57-0874341	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MADDREY, E. ERWIN, II 233 N. MAIN STREET GREENVILLE SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert D. Rocky, JR. Chairman of the Board, President + CEO P.O. Box 688 Winder, GA. 30680 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT RAINSFORD, BETTIS C. 108 1/2 COURTHOUSE SQUARE EDGEFIELD SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	K. Scott Grassmyer Senior V.P., CFO, Secretary P.O. Box 688 Winder, GA 30680 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREER, JANE 233 N. MAIN STREET GREENVILLE SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P. of Sales Michael H. Bredergast P.O. Box 688, Winder, GA 30680 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEVENS, DOUGLAS J 233 N. MAIN STREET GREENVILLE SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Senior V.P. Merchandising William B. Mattison, Jr. P.O. Box 688, Winder GA 30680 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JONES, BRENDA L. 108 1/2 COURTHOUSE SQ. EDGEFIELD SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICKEL, B.A. 6 WOODLAND WAY CIRCLE GREENVILLE SC <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: K. Scott Grassmyer 4/25/00 770 307-4254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)