

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # P34139**1. Entity Name
DELTA MERCHANDISING, INC.

Principal Place of Business 233 N MAIN ST SUITE 250 GREENVILLE 29601 US	SC	Mailing Address 233 N MAIN ST SUITE 250 GREENVILLE 29601 US	SC
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2. Principal Place of Business 1020 BARROW INDUSTRIAL PARKWAY	3. Mailing Address PO BOX 688
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State WINDER GA	City & State WINDER GA
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Zip 30680	Country US	Zip 30680	Country US
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4. FEI Number 57-0874341	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM**
1200 S. PINE ISLAND ROAD

PLANTATION
33324
US

FL

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL
Zip Code

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 _____ **03/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MICKEL, B.A.	
STREET ADDRESS	6 WOODLAND WAY CIRCLE	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	JONES, BRENDA L.	
STREET ADDRESS	108 1/2 COURTHOUSE SQ.	
CITY-ST-ZIP	EDGEFIELD SC	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	STEVENS DOUGLAS J	
STREET ADDRESS	233 N. MAIN STREET	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	V	<input type="checkbox"/> Delete
NAME	GREER, JANE	
STREET ADDRESS	233 N. MAIN STREET	
CITY-ST-ZIP	GREENVILLE SC	
TITLE	VDT	<input type="checkbox"/> Delete
NAME	RAINSFORD, BETTIS C.	
STREET ADDRESS	108 1/2 COURTHOUSE SQUARE	
CITY-ST-ZIP	EDGEFIELD SC	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MADDEY, E. ERWIN, II	
STREET ADDRESS	233 N. MAIN STREET	
CITY-ST-ZIP	GREENVILLE SC	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRENDERGAST MICHAEL HVP	
STREET ADDRESS	PO BOX 688	
CITY-ST-ZIP	WINDER GA 30680	
TITLE	VDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSMYER KENNETH SVP&SECR	
STREET ADDRESS	PO BOX 688	
CITY-ST-ZIP	WINDER GA 30680	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTI WILLIAM VPRESIDE	
STREET ADDRESS	PO BOX 688	
CITY-ST-ZIP	WINDER GA 30680	

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: KENNETH S GRASSMYER

VP&S 03/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)