
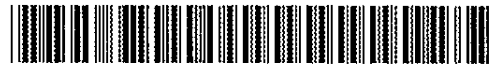


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P37552</b>	
1. Entity Name SPRINGS INDUSTRIES, INC.	

Principal Place of Business 205 N. WHITE STREET FORT MILL, SC 29715	Mailing Address P.O. BOX 111 TAX DEPT. LANCASTER, SC 29721
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04022004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 57-2052730	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent; and file if applicable. (NOTE: Registered Agent signature required when resigning)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT ILARDO, SAMUEL J 205 NORTH WHITE STREET FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DORSETT, C. POWERS 205 NORTH WHITE STREET FORT MILL, SC 29715
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, GERALD 55 RAILROAD AVE. 1ST FLOOR GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BOWLES, CRANDALL C. 205 NORTH WHITE STREET FORT MILL, SC 29716
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, ROBERT 262 HARBOR DR. STAMFORD, CT 06902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLOSE, LEROY S. 60 SHELTER ROCK ROAD DANBURY, CT

00000110829  
 04/12/04-80099-004 150.00

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered

SIGNATURE: Samuel J. Ilardo April 8, 2004 803/286-2233  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Samuel J. Ilardo, Vice President and Treasurer