

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37552

FILED
Jan 17, 2008
Secretary of State

Entity Name: SPRINGS INDUSTRIES, INC.

Current Principal Place of Business:

7549 GRABER ROAD
MIDDLETON, WI 53562

New Principal Place of Business:

Current Mailing Address:

7549 GRABER ROAD
TAX DEPT.
MIDDLETON, WI 53562

New Mailing Address:

FEI Number: 57-0252730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ZABEL, RONALD W
Address: 7549 GRABER ROAD
City-St-Zip: MIDDLETON, WI 53562

Title: S () Delete
Name: EMERSON, FORREST
Address: 7549 GRABER ROAD
City-St-Zip: MIDDLETON, WI 53562

Title: D () Delete
Name: MCCONNELL, W G
Address: 55 RAILROAD AVE, 1ST FLOOR
City-St-Zip: GREENWICH, CT 06830

Title: D () Delete
Name: BOWLES, CRANDALL C
Address: 205 NORTH WHITE STREET
City-St-Zip: FORT MILL, SC 29715

Title: D () Delete
Name: LEE, ROBERT P
Address: 262 HARBOR DR.
City-St-Zip: STAMFORD, CT 06902

Title: VPT () Delete
Name: CABLE, STEVEN L
Address: 7549 GRABER ROAD
City-St-Zip: MIDDLETON, WI 53562

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: COMERFORD, JOHN
Address: 7549 GRABER ROAD
City-St-Zip: MIDDLETON, WI 53562

Title: D (X) Change () Addition
Name: TREDWELL, DANIEL
Address: 55 RAILROAD AVE, 1ST FLOOR
City-St-Zip: GREENWICH, CT 06830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: FAWCETT, SCOTT
Address: 7549 GRABER ROAD
City-St-Zip: MIDDLETON, WI 53562

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KLUTH

Electronic Signature of Signing Officer or Director

ASAT

01/17/2008

_____ Date