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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37630** **(1)**

1. Corporation Name

~~CLARK-SCHWEBEL DISTRIBUTION CORP~~

CLARK-SCHWEBEL DISTRIBUTION CORP.

Principal Place of Business	Mailing Address
14530 SO ANSON AVE SANTA FE SPRINGS CA 90670 US	P O BOX 3448 SANT FE SPRINGS CA 90670 US

3. Date Incorporated or Qualified: 02/19/1992	3a. Date of Last Report: 02/24/1995
4. FEI Number: 57-0852085	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH 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) (Print Typed or Printed Name of Person Who Executed Form) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, MARVIN B		1.2 NAME	
STREET ADDRESS	14530 S ANSON AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE SPRINGS CA		1.4 CITY-ST-ZIP	
TITLE	CFO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EBERSOLE, SCOTT		2.2 NAME	
STREET ADDRESS	14530 S ANSON AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA FE SPRINGS CA		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEN, LARRY		3.2 NAME	
STREET ADDRESS	698 BRYANT BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCK HILL SC		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LENETT, JEFF		4.2 NAME	
STREET ADDRESS	14530 SA NASON AVE		4.3 STREET ADDRESS	100001791741
CITY-ST-ZIP	SANTA FE SPRINGS CA		4.4 CITY-ST-ZIP	-04/24/96--01002--028
TITLE	VP	☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME	WATSON, P. S.		5.2 NAME	
STREET ADDRESS	19105 63RD AVENUE N.E.		5.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON WA		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHREVE, TERRY		6.2 NAME	DEB
STREET ADDRESS	2701 W VIRGINIA		6.3 STREET ADDRESS	4-23-96
CITY-ST-ZIP	PHOENIX AZ		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Scott Ebersole-CFO 04/03/96 (310) 921-9926

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #