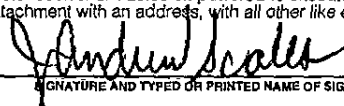


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # P37795			
1. Entity Name PIEDMONT PLASTICS, INC.			
Principal Place of Business 3147 N. ANDREWS AVE EXTENSION POMPANO BEACH, FL 33064 US		Mailing Address 5010 WEST W.T. HARRIS BLVD. CHARLOTTE, NC 28213	
DO NOT WRITE IN THIS SPACE			
		 03312005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 56-1386156	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BOOTH, HENRY G. JR. 5010 W.T. HARRIS BLVD. CHARLOTTE, NC	 U00000305863 04/14/05-80100-003 200.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WHITFIELD, OWEN H. JR. 5010 W.T. HARRIS BLVD. CHARLOTTE, NC		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SCALES, ANDREW J P.O. BOX 26006 N/A CHARLOTTE, NC 28221		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  J. ANDREW SCALES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/31/05 (704) 597-8200 Date Daytime Phone #	