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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P38206 (9)

1. Corporation Name
WILLIAMSON-DICKIE MANUFACTURING COMPANY

Principal Place of Business	Mailing Address
319 LIPSCOMB FORT WORTH TX 76104 US	ATTN: SECRETARY & TREASURER P O BOX 1779 FORT WORTH TX 76101-1779 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 75-0661160 ☐ 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

9. Name and Address of Current Registered Agent

C T 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	VICE PRESIDENT & CFO	☐ Change ☒ Addition
NAME	WILLIAMSON, GAIL P.	1.2 NAME	CRAIG MACKEY	
STREET ADDRESS	319 LIPSCOMB	1.3 STREET ADDRESS	319 LIPSCOMB	
CITY-ST-ZIP	FORT WORTH TX	1.4 CITY-ST-ZIP	FORT WORTH, TX 76104	
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	LEFLER, R. S.	2.2 NAME		
STREET ADDRESS	319 LIPSCOMB	2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	2.4 CITY-ST-ZIP		
TITLE	TS	3.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, J K	3.2 NAME		
STREET ADDRESS	319 LIPSCOMB	3.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	MCLAUGHLIN, J	4.2 NAME		
STREET ADDRESS	319 LIPSCOMB	4.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	4.4 CITY-ST-ZIP		
TITLE	VC	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, P. C.	5.2 NAME		
STREET ADDRESS	319 LIPSCOMB	5.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	MARR, J. L.	6.2 NAME		
STREET ADDRESS	319 LIPSCOMB	6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WORTH TX	6.4 CITY-ST-ZIP		

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)(i), 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: John K. Morgan 3/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF MORGAN OFFICER OR DIRECTOR — Title — Daytime Phone #

0480844 FP