

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90025 034 ***150.00

DOCUMENT # P97000016080

1. Entity Name
UNIFIX USA, INCORPORATED

Principal Place of Business REYNOLDS INDUSTRIAL PARK 1767 WILDWOOD ROAD GREEN COVE SPRINGS FL 32043	Mailing Address REYNOLDS INDUSTRIAL PARK 1767 WILDWOOD ROAD GREEN COVE SPRINGS FL 32043-8319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0768478	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ODOM, ROBERT P 1767 WILDWOOD RD. GREEN COVE SPRINGS FL 32043	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARAIA, AUTINO O 44 FAIRWAY RIDGE LAKE WAYLIE SC 29710	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT THOMAS C. NELSON 1423 LEXINGTON AVE CHARLOTTE, NC 28207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ODOM, ROBERT P 2330 HARTMILL CT. CHARLOTTE NC 28226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHIFFMAN, SAMUEL A 3138 SHILLINGTON PL. CHARLOTTE NC 28210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARMELEE, WILLIAM D 8232 GREEN CASTLE DR. CHARLOTTE NC 28210	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & TREASURER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LOWE, CAROL P 4311 BEULAH CHURCH RD. MATTHEWS NC 28105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MILLER, JOHN 1644 MYERS PARK DR. CHARLOTTE NC 28207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: W.D. Parmelee **REQUIRE VP & TREASURER** Date: 4/24/00 Daytime Phone #: (704)365-7300

CR2E034 (9/99)