

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000062615

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: GILDAN ACTIVEWEAR (US HOLDINGS) INC.

**Current Principal Place of Business:**

2200 N COMMERCE PKWY  
# 202  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

725 MONTEE DE LIESSE  
MONTREAL, QC H4T 1P5 CA

**New Mailing Address:**

600 DE MAISONNEUVE BLVD. WEST  
33RD FLOOR  
MONTREAL, QC H3A 3J2 CA

FEI Number: 65-0852928

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FELUREN, MARK S  
2200 N COMMERCE PKWY  
STE 202  
WESTON, FL 33326 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: PD ( ) Delete  
Name: PARKER, PAUL  
Address: 602 EAST MEADOW ROAD  
City-St-Zip: EDEN, NC 27288 US

Title: VPTD ( ) Delete  
Name: VOIZARD, DAVID  
Address: 725 MONTEE DE LIESSE  
City-St-Zip: MONTREAL, QC H4T 1P5 CA

Title: SD ( ) Delete  
Name: ALBRIGHT, MICHAEL  
Address: GILDAN HOUSE, 34 WARRENS  
City-St-Zip: ST. MICHAEL, XX 00000 BA

Title: D ( ) Delete  
Name: HOFFMAN, MICHAEL  
Address: GILDAN HOUSE, 34 WARRENS  
City-St-Zip: ST. MICHAEL, XX 00000 BA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VPT (X) Change ( ) Addition  
Name: VOIZARD, DAVID  
Address: 600 DE MAISONNEUVE BLVD. WEST  
City-St-Zip: MONTREAL, QC H3A 3J2 CA

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

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: PAUL PARKER

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date