2004 FOR PROFIT CORPORATION

Feb 20, 2004 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P98000063315 1. Entity Name INTERFACE, INC. Mailing Address Principal Place of Business 3432 WELWYN WAY 3432 WELWYN WAY TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 CR2E034 (10/03) 02052004 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number 59-3527189 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required S. Name and Address of Current Registered Agent WOLFE, LARRY S DO NOT WRITE 200 A JOHN KNOX RD TALLAHASSEE, FL 32303 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE PUTCHA, SASTRY P MAME STREET ADDRESS 3432 WELWYN WAY U00000058552 02/20/04-80043-002 150.00 TALLAHASSEE, FL 32308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CULY-ST-ZIP 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)(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 employered 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED