

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000373

1. Entity Name

VF IMAGEWEAR (WEST), INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90048 042 ***150.00

Principal Place of Business

Mailing Address

545 MARIOTT DRIVE
NASHVILLE TN 37210

PO BOX 21488
ATTN: TAX DEPT
GREENSBORO NC 27420
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 62-1517281

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Delete
NAME R H MATTHEWS
STREET ADDRESS 545 MARIOTT DRIVE
CITY-ST-ZIP NASHVILLE TN

TITLE Director and President ☒ Change ☐ Addition
NAME George N. Derhofer
STREET ADDRESS 1 Walker Road
CITY-ST-ZIP Martinsville, VA 24115

TITLE VPAS ☐ Delete
NAME PICKARD, F C I
STREET ADDRESS 628 GREEN VALLEY RD STE 500
CITY-ST-ZIP GREENSBORO NC 27408

TITLE VPAS and Director ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME MCPHERSON, CHARLES
STREET ADDRESS 545 MARIOTT DR
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CUMMINGS, C S
STREET ADDRESS 628 GREEN VALLEY RD STE 500
CITY-ST-ZIP GREENSBORO NC 27408

TITLE Vice President and Secretary ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME SCHAMBERGER, J P
STREET ADDRESS 628 GREEN VALLEY RD STE 500
CITY-ST-ZIP GREENSBORO NC 27408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCDONALD, M.J.
STREET ADDRESS 628 GREEN VALLEY RD STE 500
CITY-ST-ZIP GREENSBORO NC 27408

TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Condace S. Cummings

04/26/01

Date

336-547-6000

Daytime Phone #

CR2E034 (10/00)