

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000002400

Entity Name: HS FOAM FABRICATORS, LLC**Current Principal Place of Business:**235 2ND AVENUE NW
HICKORY, NC 28601**Current Mailing Address:**PO BOX 128
HICKORY, NC 28603 US**FEI Number:** 82-3715139**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Authorized Person(s) Detail :**

Title CHAIRMAN OF THE BOARD
Name JONES, MARK S
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title CFO
Name BRYCE, TROY W
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title ASST. SECRETARY
Name UNDERDOWN, PATRICK D
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title SECRETARY
Name ABRAO-NETTO, ED
Address 235 2ND AVENUE NW
PO BOX 128
City-State-Zip: HICKORY NC 28601

Title COO
Name HINSHAW, MICHAEL W JR
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TROY W. BRYCE**CHIEF FINANCIAL
OFFICER****06/30/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date