

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005051

Entity Name: HICKORY SPRINGS MANUFACTURING COMPANY**Current Principal Place of Business:**235 2ND AVENUE NW
HICKORY, NC 28601**Current Mailing Address:**235 2ND AVENUE NW
HICKORY, NC 28601**FEI Number: 56-0494395****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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**Officer/Director Detail :**

Title COB
Name UNDERDOWN, DAVID F
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

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

Title S
Name MAYO, JOHN R
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title VP
Name WELCH, DWAYNE E
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title VP
Name BUSH, JAMES J
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

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

Title ASST. TREASURER
Name VIOLA, JOANNA
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name MANSFIELD, LINDA S
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

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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 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 all other like empowered.

SIGNATURE: VALERIE W. REID**CFO****06/13/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SIMMONS, R R
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name SIMMONS, MICHAEL R
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name UNDERDOWN, PARKS C III
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name BUSH, BOBBY W
Address 235 2ND AVE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name CARTWRIGHT, J DAVID
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name UNDERDOWN, STEVEN C
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601

Title DIRECTOR
Name SIMMONS, ROBERT U
Address 235 2ND AVENUE NW
City-State-Zip: HICKORY NC 28601