

2018 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:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	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	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

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: JOANNA L. VIOLA**ASSISTANT TREASURER 04/24/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date