

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000000159

Entity Name: MOHAWK CARPET DISTRIBUTION, INC.

Current Principal Place of Business:

160 S INDUSTRIAL BLVD
CALHOUN, GA 30701

Current Mailing Address:

PO BOX 12069
CALHOUN, GA 30703

FEI Number: 58-2173403

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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BOYKIN, FRANK H
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title VP
Name SCHLEPER, EDWARD
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title VP
Name VERNETTE, MICHEL S
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title VP, CFO, DIRECTOR
Name BRUNK, JAMES
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title A, ASST. SECRETARY
Name GOETZ, BARBARA M
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title VP, TREASURER
Name BETTADAPUR, SHAILESH T
Address 160 S INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title VP, SECRETARY, DIRECTOR
Name PATTON, R DAVID
Address 160 SOUTH INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

Title ASST. SECRETARY
Name ROSSELLI, CHRIS
Address 160 SOUTH INDUSTRIAL BLVD
City-State-Zip: CALHOUN GA 30701

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: EDWARD SCHLEPER

VP

04/28/2016

Electronic Signature of Signing Officer/Director Detail

Date