

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996 5-1-96 B-6831 C



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000446 (6)

1. Corporation Name

VANITY FAIR MILLS, INC.



Principal Place of Business

624 S ALABAMA AVE
MONROEVILLE AL 36460
US

Mailing Address

PO BOX 1022
TAX DEPT
READING PA 19603
US

3. Date Incorporated or Qualified
12/22/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
63-1081119

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent or director, and address

(201) Reg. Agent signature required (when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPCF ☐ DELETE

NAME PINES, R
STREET ADDRESS 624 S. ALABAMA AVE
CITY-ST-ZIP MONROEVILLE AL

11 TITLE President and Director ☐ Change ☒ Addition

12 NAME J.T. Wyatt
13 STREET ADDRESS 624 S. Alabama Ave
14 CITY-ST-ZIP Monroeville, AL 36460

TITLE V ☒ DELETE

NAME MILLER, W L
STREET ADDRESS 624 S ALABAMA AVE
CITY-ST-ZIP MONROEVILLE AL

21 TITLE VP ☐ Change ☒ Addition

22 NAME J. Carr
23 STREET ADDRESS 624 S. Alabama Ave
24 CITY-ST-ZIP Monroeville, AL 36460

TITLE S ☐ DELETE

NAME TARNOSKI, L M
STREET ADDRESS 1047 NORTH PARK ROAD
CITY-ST-ZIP WYOMISSING PA 19610

31 TITLE VP ☐ Change ☒ Addition

32 NAME A. De Cesaro
33 STREET ADDRESS 624 S. Alabama Ave
34 CITY-ST-ZIP Monroeville, AL 36460

TITLE TVAS ☐ DELETE

NAME PICKARD, F C
STREET ADDRESS 1047 NORTH PARK ROAD
CITY-ST-ZIP WYOMISSING PA

41 TITLE VP + CFO ☐ Change ☒ Addition

42 NAME C. Holtz
43 STREET ADDRESS 624 S. Alabama Ave
44 CITY-ST-ZIP Monroeville, AL 36460

TITLE D ☐ DELETE

NAME PUGH, L R
STREET ADDRESS 1047 NORTH PARK ROAD
CITY-ST-ZIP WYOMISSING PA 19610

51 TITLE Sr. VP ☐ Change ☒ Addition

52 NAME C. Lambert
53 STREET ADDRESS 624 S. Alabama Ave
54 CITY-ST-ZIP Monroeville, AL 36460

TITLE D ☐ DELETE

NAME MCDONALD, M J
STREET ADDRESS 1047 NORTH PARK ROAD
CITY-ST-ZIP WYOMISSING PA

61 TITLE VP ☐ Change ☒ Addition

62 NAME R. Lusk
63 STREET ADDRESS 624 S. Alabama Ave
64 CITY-ST-ZIP Monroeville, AL 36460

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L.M. Tarnoski

610 378-451

CR2E034 (12/95)