


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
09-01-1999 90007 017 ***550.00

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08365
1. Corporation Name
SLI LIGHTING SOLUTIONS, INC.

Principal Place of Business
**2925 HUNLEIGH DR
SUITE 104
RALEIGH NC 27604**

Mailing Address
**2925 HUNLEIGH DR
SUITE 104
RALEIGH NC 27604**



2. Principal Place of Business
21 501 Atkinson Street
Suite, Apt. #, etc.
22
City & State
23 Clayton, NC
Zip
24 27520 Country
25 USA

2a. Mailing Address
26 PO Box 900
Suite, Apt. #, etc.
27
City & State
28 Clayton, NC
Zip
29 27520 Country
30 USA

3. Date Incorporated or Qualified
12/10/1985
4. FEI Number
56-1490835
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 owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	CEO
NAME	HINTON, SIDNEY	1.2 NAME	Frank Ward
STREET ADDRESS	910 PARK AVENUE	1.3 STREET ADDRESS	500 Chapman St.
CITY-ST-ZIP	HENDERSON NC 27536	1.4 CITY-ST-ZIP	Clanton, MA 02021
TITLE	V	2.1 TITLE	Treasurer
NAME	HARRISON, NAT	2.2 NAME	Robert Mancini
STREET ADDRESS	907 BIRKDALE DRIVE	2.3 STREET ADDRESS	500 Chapman St
CITY-ST-ZIP	CLAYTON NC 27520	2.4 CITY-ST-ZIP	Clanton, MA 02021
TITLE	CFOT	3.1 TITLE	Vice President
NAME	KELLOG, TOMMY	3.2 NAME	Keith Hartman
STREET ADDRESS	968 JONES WYND	3.3 STREET ADDRESS	501 Atkinson St
CITY-ST-ZIP	WAKE FOREST NC 27587	3.4 CITY-ST-ZIP	Clayton, NC 27520
TITLE	D	4.1 TITLE	
NAME	DOGGETT, RON E	4.2 NAME	
STREET ADDRESS	6131 FALLS OF NEUSE RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27609	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	EARTHMAN, BILL	5.2 NAME	
STREET ADDRESS	310 25TH AVE N #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37203	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	KNOWLES, JAMES H JR	6.2 NAME	
STREET ADDRESS	203 LOTHROP STRET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), 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: _____ 8/23/99

CR2E034 (5/99)