

Employer Status Report

Record of Online Application
Generated on 09/19/2007

Please print this form for your records.

Please Read Instructions!

For future reference, you may write your confirmation number and your new North Carolina unemployment tax number (if one is assigned) in the space below:

1. Federal ID number: 13-3853957 2. N.C. Dept. of Revenue withholding ID number: _____

3. Any previously assigned North Carolina unemployment tax numbers: _____

4. Employer name: VRTX, INC.

Exact name of legal entity – for further details see instructions

5. Trade name: _____

6. Mailing address: 1204 SPRINGWOOD AVE GIBSONVILLE NC 27249

<u>GIBSONVILLE</u>	<u>NC</u>	<u>27249</u>
City	State	Zip Code

Is this an international address? Yes No

7. Phone number: (336) 449-4321 8. FAX number: (335) 449-5549

9. Contact person: CLAUDE SIMON Title: PRESIDENT

Phone number: (912) 529-4800 E-mail address: CLAUDESIMON@PLANTTEL.NET

10. N.C. business location: 1204 SPRINGWOOD AVE
Street (Do not use a post office box)

<u>GIBSONVILLE</u>	<u>NC</u>	<u>27249</u>	<u>GUILFORD</u>
City	State	Zip Code	County

Do you have more than one location in North Carolina? Yes No

11. Type of ownership: CORPORATION

12. Principal activity or services performed in your North Carolina operation:

TEXTILE MANUFACTURING

13. If you are part of a larger organization and are primarily engaged in providing services to that organization, the type of support services provided:

14. The date you first employed one or more workers in North Carolina: 10/01/2007

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GENERAL EMPLOYERS:

15. a. Have you or will you have a quarterly payroll of \$1,500 or more? Yes No

If yes, the date this occurred or will occur: 01/01/2008

b. Have you or will you employ at least 1 worker in 20 different calendar weeks during a calendar year? Yes No

If yes, the date this first occurred or will occur: 10/01/2007

16. Are you an EMPLOYEE LEASING company? Yes No

AGRICULTURAL EMPLOYERS:

17. a. Have you or will you have a quarterly payroll of \$20,000 or more? Yes No

If yes, the date this occurred or will occur: _____

b. Have you or will you employ at least 10 workers in 20 different calendar weeks during a calendar year? Yes No

If yes, the date this first occurred or will occur: _____

DOMESTIC EMPLOYERS:

18. a. Have you or will you pay \$1,000 or more in a calendar quarter for domestic service in a private home, college club, fraternity or sorority? Yes No

If yes, the date this occurred or will occur: _____

NON-PROFIT ORGANIZATIONS OR INDIAN TRIBES:

19. a. Do you have a Federal Letter of Exemption under Section 501(c)(3) of the Internal Revenue Code? Yes No

b. Have you or will you employ 4 or more workers in 20 different calendar weeks during a calendar year? Yes No

If yes, the date this first occurred or will occur: _____

GOVERNMENTAL ENTITIES:

20. Type of governmental entity: _____

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21. If you are not otherwise subject to the unemployment tax law under one of the preceding criteria Yes No
 (Items 15-20), do you wish to voluntarily cover your employees for unemployment insurance?

1. a. How long have you been operating in North Carolina? _____

b. What is your major source of funding? _____

2. Is your operation affected by any seasonal factors? Yes No

If yes, please explain: _____

3. a. Usual number of employees in a year: _____

b. Personnel losses in the last 12 months: _____

c. Personnel gains in the last 12 months: _____

4. Why do you wish to become a covered employer? _____

22. Have you ever paid Federal Unemployment Tax (FUTA)? Yes No
 If yes, for what years? 2007 2006 2005 2004 2003

23. Have you have acquired or merged with another business, or made any other changes in the ownership of the business, including changes such as from a sole proprietorship to a corporation or partnership? Yes No

a. Name of former owner: HORNWOOD, INC.
 Full organization name including trade name

b. Former owner's North Carolina unemployment insurance tax number: 22-04-009

c. Former owner's address: 766 HALEY'S FERRY ROAD

LILESVILLE NC 28091
 City State Zip Code

d. On what date did you acquire or change the business? 10/01/2007

e. Did you acquire all or a portion of the former owner's North Carolina business? PORTION

f. Was the business in operation at the time you acquired it? Yes No
 If no, date closed: _____

g. Does the former owner continue to have employees? Yes No

24. Do you have workers who perform services for your business whom you consider to be self-employed or independent contractors? Yes No

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25. List owners, ALL general partners, principal corporate officers or members:

1) Name: CLAUDE SIMON Title: PRESIDENT
Phone number: (212) 683-9300 SSN: 106-50-1158
Address: 160 MADISON AVE 7TH FLOOR
NEW YORK NY 10016
City State Zip Code

2) Name: KURT ADAMS Title: VICE PRESIDENT
Phone number: (336) 222-0524 SSN: 243-86-1446
Address: 3440 MINE CREEK RD
BURLINGTON NC 27217
City State Zip Code

3) Name: _____ Title: _____
Phone number: _____ SSN: _____
Address: _____
City _____ State _____ Zip Code _____

Are there more owners, partners, officers or members than can be listed here?

Yes No

AUTHORIZATION:

I certify that the information provided in this application is true and accurate, and that I am authorized by the named employing unit to complete this report for determining unemployment tax liability.

Name: CLAUDE SIMON Title: PRESIDENT
E-mail address: CLAUDESIMON@PLANTTEL.NET