2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT #804901** May 08, 2000 8:00 am Secretary of State 1. Entity Name LANCE INC 05-08-2000 90195 044 ***165.00 Principal Place of Business Mailing Address 8600 SOUTH BOULEVARD 8600 SOUTH BOULEVARD BOX 32368 **BOX 32368** CHARLOTTE NC 28232-9368 **CHARLOTTE NC 28232-2368** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-0292920 Not Applicable Country Zip Country \$8.75 Additional چە 🗖 🚅 🗀 Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 8. 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) _~ · FILE NOW!!! FEE IS \$150.00 ' 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President, Chairman of Board & Change Paul A. Stroup, III TITLE TITLE Delete DICKSON, ALAN T NAME NAME 8600 South Blud. STREET ADDRESS STREET ADDRESS 2633 RICHARDSON DR. charlotte NC 28273 CITY-ST-78P CITY-ST-ZIP CHARLOTE NC Vice President Human Resources Change + Organizational Development ☐ Addition Delete TITLE TITLE NAME DISHER, JOHN W. NAME Fari D. Leake STREET ADDRESS STREET ADDRESS 5548 FALLON COURT 8600 South Blud Charlotte, NC 28273 CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO Vice President, CFO Change Change ☐ Addition TITLE TITLE ☐ Delete B. Clyde Preslait NAME NAME 8600 South Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP charlotte NC CITY-ST-ZIP ☐ Addition Vice President Delete TITLE NAME Richard Tucker NAME 8600 South Blud STREET ADDRESS STREET ADDRESS Charlotte NC CITY-ST-ZIP CITY-ST-ZIP Vice President Information Change ☐ Detete TITLE TITLE NAME systems-NAME STREET ADDRESS ouis Gragnani STREET ADDRESS South BWd. Charlotte NC 282B CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ecretary 🚈 🗏 TITLE NAME NAME STREET ADDRESS STREET ADDRESS South Blyd narlotte NC 28273 CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if

SIGNATURE:

SIGNATURE:

SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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	· · · · · · · · · · · · · · · · · · ·	gistered Agent	Name	7.	Name and Address of New Regi	stered Agent	
1200	Orporation System S. Pine Island Road Tation FL 33324		Street A	Address (P.O. E	Box Number is Not Acceptable)		
1 12(1)	TATION FL 33324		· ·				
	named entity submits this statement for th		City		Y	FL Zig	o Code
	Signature, typed or printed name of registered agent and	rue a applicable. (NA)					
9. This corpo Tax filing re	ration is eligible to satisfy its Intangible	FILE NOW	E: Registers Agent signal	00		DATE	
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1200	S. PINE IS	ON SYSTEM LAND ROAD			Street A	Address (F	P.O. Box Num	ber is Not Acceptable)			- <u>-</u>
PLAI	NȚATION FL	. 33324								 _	
·					City				FL	Zip Cod	de
8. The above	e named entity	y submits this stat	ement for th	e purpose of changing its	registered office o	r reg stere	d agent, or b	ooth, in the State of Flori	 _da.	.l	
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SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 8049	01		Mach	nung	
LANCE INC			!		
Principal Place of Business	Mailing Address				
600 SOUTH BOULEVARD OX 32368 HARLOTTE NC 28232-9368	6600 SOUTH BOULEVARD BOX 32368 CHARLOTTE NC 28232-236		7.	27557	
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		m; <u>d</u>		
City & State		_	DO NOT W	VRITE IN THIS SPACE	
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Zip Country -	Z:p	Carry -	5. Certificate of Status Desire		lot Applica
6. Name and Address of	Current Registered Agent	<u> </u>	7. Name and Address of New	Fee Requir	ed
CT COPPORTION OF THE		Name	' '	riegistered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Street Ac	ddress (P.O. Box Number is Not Accepta	ble)	
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•	ement to the purpose of changing it	s registered office of i	registered agent, or both, in the State of	Florida.	
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