


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90244 044 \*\*\*150.00

**DOCUMENT # F03000005793**  
 1. Entity Name  
**BEST VENDORS MANAGEMENT, INC.**



**40064856**



Principal Place of Business  
**2400 YORKMONT RD.  
 CHARLOTTE, NC 28217**

Mailing Address  
**C/O TAX DEPT  
 2400 YORKMONT RD.  
 CHARLOTTE, NC 28217**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip

City & State  
 Zip

4. FEI Number  
**42-1607162**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11...	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RASSITCH, RICHARD J 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard J Rossitch <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVP TAYLOR, JOHNNY C JR. 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas G. Ondrop 2400 Yorkmont Road Charlotte NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WELLS, C. PHILLIP 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TAYLOR, JOHNNY C JR. 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Nicole Tharrington 2400 Yorkmont Rd Charlotte NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAUF, GARY Z 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRIOTTE, KRISTIN E 2400 YORKMONT RD. CHARLOTTE, NC 28217 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with ~~the~~ other like empowered.

**SIGNATURE:** Richard J. Rossitch, Asst. Secy. **4/18/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

40064856

# PD3000005793

## BEST VENDORS MANAGEMENT COMPANY, INC.

### Corporate Data Sheet

**Corporation Name:** Best Vendors Management Company, Inc.

**FEIN Number:** 41-1693741

#### DIRECTORS

Thomas G. Ondrof  
Antony G. Shearer

#### OFFICERS

Mark Wilson  
Gary Z. Zauf  
Kristin E. Briotte  
Deborah K. Delano  
Richard J. Rossitch  
Nicole Tharrinton  
C. Phillip Wells

#### TITLE

President and CEO  
Treasurer  
Assistant Secretary  
Assistant Secretary – Tax  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary