

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 07, 2002 8:00 am**  
**Secretary of State**  
 07-07-2002 90066 008 \*\*\*\*50.00

**DOCUMENT # M01000001865**

1. Entity Name  
**COMPASS ONE, LLC**

Principal Place of Business

**2400 YORKMONT ROAD  
 CHARLOTTE NC 28217**

Mailing Address

**2400 YORKMONT ROAD  
 CHARLOTTE NC 28217**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**56-2256673**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

☐ Delete

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Pres. CEO & CFO  
 Thomas G. Ondrop  
 2400 Yorkmont Rd  
 Charlotte NC 28217**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Asst Sec  
 Richard C. Belthoff Jr.  
 2400 Yorkmont Rd  
 Charlotte NC 28217**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Asst Sec  
 Kristin E. Briotte  
 2400 Yorkmont Rd  
 Charlotte NC 28217**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Asst Sec  
 Richard J. Rossitch  
 2400 Yorkmont Road  
 Charlotte NC 28217**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Asst Sec  
 Deborah K. Debus  
 2400 Yorkmont Road  
 Charlotte NC 28217**

☐ Change

☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**Asst Sec  
 C. Phillip Wells  
 2400 Yorkmont Road  
 Charlotte NC 28217**

☐ Change

☒ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

**SECRETARY REQUIRED**  
**Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/26/02**

Date

Daytime Phone #

CR2E083 (9/01)