


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90047 025 \*\*\*\*50.00

**DOCUMENT # M01000001866**

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



Principal Place of Business  
**2400 YORKMONT ROAD  
 CHARLOTTE, NC 28217**

Mailing Address  
**2400 YORKMONT ROAD  
 CHARLOTTE, NC 28217**

20040010

2. Principal Place of Business

3. Mailing Address  
*1/6 Tax Dept 2400 Yorkmont Rd*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
*Charlotte NC*

Zip  
*28217*

Country



04082005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**56-2256592**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 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

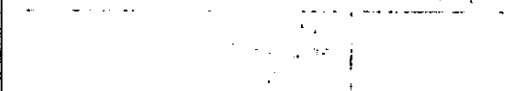
Street Address (P.O. Box Number is Not Acceptable)

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**



**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ONDROF, THOMAS G 2400 YORKMONT RD CHARLOTTE, NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TAYLOR, JOHNNY C 2400 YORKMONT RD CHARLOTTE, NC 28217 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS DELANO, DEBORAH K 2400 YORKMONT RD CHARLOTTE, NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WELLS, PHILLIP C 2400 YORKMONT RD CHARLOTTE, NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BRIOTTE, KRISTINE E 2400 YORKMONT RD CHARLOTTE, NC 28217 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ROSSITCH, RICHARD J 2400 YORKMONT RD CHARLOTTE, NC 28217 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Executive VP, CFO + Sec Thomas G. Ondrof 2400 Yorkmont Rd Charlotte NC 28217 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gary Zauf 2400 Yorkmont Road Charlotte NC 28217 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

**SIGNATURE:** *Richard J. Rossitch* **Richard J. Rossitch** *Asst. Secretary* **4/18/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT  
MOI 00000000 / 20040376  
**COMPASS TWO, LLC**  
**Corporate Data Sheet**

**Corporation Name:** Compass Two, LLC  
**Address:** 2400 Yorkmont Road  
Charlotte, NC 28217  
**FEIN Number:** 56-2256592

Compass Group USA, Inc sole member of Compass Two LLC

**Officers:**

<u>Name</u>	<u>Office</u>
Thomas G. Ondrof	President, Executive Vice President, CFO & Secretary
Gary Z. Zauf	Treasurer
Kristin E. Briotte	Assistant Secretary
Deborah K. Delano	Assistant Secretary-Tax
Richard J. Rossitch	Assistant Secretary
Nicole Tharrington	Assistant Secretary
C. Phillip Wells	Assistant Secretary
Laurence B. Jones	Assistant Secretary

\* No Directors. This is a member-managed LLC with Compass Group USA, Inc. being the sole member.