


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90036 022 ****50.00

DOCUMENT # M01000001866 1. Entity Name COMPASS TWO, LLC	
---	---

Principal Place of Business 2400 YORKMONT ROAD CHARLOTTE NC 28217	Mailing Address C/O TAX DEPT 2400 YORK MONT RD CHARLOTTE NC 28217
---	--



2. Principal Place of Business - No P.O. Box # <i>2400 Yorkmont Road</i>	3. Mailing Address <i>C/O Tax Dept</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <i>2400 Yorkmont Road</i>

1st MOORE CR2E083 (10/06)

City & State <i>Charlotte NC</i>	City & State <i>Charlotte NC</i>	4. FEI Number 56-2256592	Applied For <input type="checkbox"/> Not Applicable
Zip <i>28217</i>	Country <i>USA</i>	Zip <i>28217</i>	Country <i>USA</i>

5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	Sole Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ONDROF, THOMAS G		NAME	Compass Group USA, Inc.	
STREET ADDRESS	2400 YORKMONT RD		STREET ADDRESS	2400 Yorkmont Road	
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP	Charlotte NC 28217	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAU, GARY Z		NAME		
STREET ADDRESS	2400 YORKMANT RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELANO, DEBORAH K		NAME		
STREET ADDRESS	2400 YORKMONT RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	SVG	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, PHILLIP C		NAME		
STREET ADDRESS	2400 YORKMONT RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIOTTE, KRISTINE E		NAME		
STREET ADDRESS	2400 YORKMONT RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSITCH, RICHARD J		NAME		
STREET ADDRESS	2400 YORKMAN RD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28217		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: C. Phillip Wells *C. Phillip Wells* 4/17/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ATTACHMENT 60041279

M01000001866

COMPASS TWO, LLC
Corporate Data Sheet

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

Officers:

<u>Name</u>	<u>Office</u>
Thomas G. Ondrof	President
C. Phillip Wells	Senior Vice President, General Counsel & 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
Laurence B. Jones	Assistant Secretary

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