


# 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 # 2400 Yorkmont Road	3. Mailing Address c/o Tax Dept	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 2400 Yorkmont Road	
City & State Charlotte NC	City & State Charlotte NC	
Zip 28217	Country USA	Zip 28217
	Country USA	



1st MOORE CR2E083 (10/06)

4. FEI Number 56-2256592		Applied For <input type="checkbox"/> Not Applicable
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	
		<b>FL</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	P ONDROF, THOMAS G 2400 YORKMONT RD CHARLOTTE NC 28217	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sole Member Compass Group USA, Inc. 2400 Yorkmont Road Charlotte NC 28217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAUF, GARY Z 2400 YORKMANT RD CHARLOTTE NC 28217	<input checked="" 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 DELANO, DEBORAH K 2400 YORKMONT RD CHARLOTTE NC 28217	<input checked="" 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	SVG WELLS, PHILLIP C 2400 YORKMONT RD CHARLOTTE NC 28217	<input checked="" 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, KRISTINE E 2400 YORKMONT RD CHARLOTTE NC 28217	<input checked="" 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 ROSSITCH, RICHARD J 2400 YORKMAN RD CHARLOTTE NC 28217	<input checked="" type="checkbox"/> Delete	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 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.