

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90750 049 ****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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

2400 Yorkmont Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN Tax Department

City & State

Charlotte NC

4. FEI Number **56-2256592**

Applied For

Not Applicable

Zip

Country

Zip **28217**

Country **USA**

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. I am familiar with, and accept the obligations of registered agent.
NO CHANGE

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

Compass Group USA, Inc. is the sole member of Compass Two LLC. Authorized Signer!

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. AUTHORIZED SIGNERS / MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE	P	<input type="checkbox"/> Delete
NAME	ONDROF, THOMAS G	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BELTHOFF, RICHARD C JR	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELANO, DEBORAH K	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	S	<input type="checkbox"/> Delete
NAME	WELLS, PHILLIP C	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRIOTTE, KRISTINE E	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sr. VP, GC, Sec + Dir	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnny C Taylor Jr.	
STREET ADDRESS	2400 Yorkmont Rd	
CITY-ST-ZIP	Charlotte NC 28217	
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard J. Rossitch	
STREET ADDRESS	2400 Yorkmont Rd	
CITY-ST-ZIP	Charlotte NC 28217	

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

4/9/03

Date _____ Daytime Phone # _____

CR2E083 (10/02)