


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146298 AB

**DOCUMENT # P25455**

1. Entity Name  
**HOLDING PATTERN COMPANY.**



**FILED**  
03 JUL 30 PM 3:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**333 S BEAUDRY AVE  
21ST FLOOR: C/CO OREO SALES GROUP #4242  
LOS ANGELES CA 90017  
US**

Mailing Address  
**401 N TRYON ST  
NC1-021-02-20  
CHARLOTTE NC 28255  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **95-3999334** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100021941981  
07/30/03--01056--006 \*\*550.00**  
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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FUSZARD, JOSEPH T 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Howard C. Epstein NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVP MROZ, GREG S 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255</b> <input 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	<b>S STARK, EDWARD J 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255</b> <input 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	<b>TD NOON, MARY P 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255</b> <input 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	<b>D NASH, PHYLLIS P 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255</b> <input 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Joseph T. Fuszard NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 11. I indicate on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if I were an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* **7-16-03** **415-953-0621**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Greg S. Mroz Sr. V.P.** Date Daytime Phone #

CR2E034 (4/03)