

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002716

1. Entity Name

OSPREY SYSTEMS, INC.

Principal Place of Business

150 OSPREY POINT DRIVE
CHARLOTTE NC 28217

Mailing Address

150 OSPREY POINT DRIVE
CHARLOTTE NC 28217

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE V
NAME DWIGGINS, CLARENCE JR.
STREET ADDRESS 18002 LOHCARRON LANE
CITY-ST-ZIP CORNELIUS NC 28031 ☒ Delete

TITLE S
NAME FUNCK, ELIZABETH
STREET ADDRESS 1234 WYNDCROFTE PLACE
CITY-ST-ZIP CHARLOTTE NC 28209 ☐ Delete

TITLE V
NAME KRAŠNER, SCOTT
STREET ADDRESS 11810 DAN MPLES DRIVE
CITY-ST-ZIP CHARLOTTE NC 28277 ☒ Delete

TITLE V
NAME MCMAHON, ARTHUR
STREET ADDRESS 9001 YELLOW PINE COURT
CITY-ST-ZIP WAXHAW NC 28173 ☒ Delete

TITLE D
NAME MORRIS, JOHN
STREET ADDRESS 467 BEATEN PATH ROAD
CITY-ST-ZIP MOORESVILLE NC 28117 ☒ Delete

TITLE PCD
NAME RIZZO, DAVID
STREET ADDRESS 3934 MOORLAND DRIVE
CITY-ST-ZIP CHARLOTTE NC 28226 ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V
NAME LOWIS COLLINS
STREET ADDRESS 15406 BREM LANE
CITY-ST-ZIP CHARLOTTE, NC 28277 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS COLLINS

Date

Daytime Phone #

704-943-1300

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90070 046 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1812282

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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