

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F01000005410

FILED
Feb 11, 2003
Secretary of State

Entity Name: BONSAI AMERICAN, INC.

Current Principal Place of Business:

8201 ARROWRIDGE BLVD.
CHARLOTTE, NC 282241148

New Principal Place of Business:

Current Mailing Address:

8201 ARROWRIDGE BLVD.
CHARLOTTE, NC 282241148

New Mailing Address:

FEI Number: 58-2652780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: MCCULLOUGH, JOE
Address: 375 NORTHRIDGE RD. SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: VP () Delete
Name: MASKE, J. DAVID
Address: 8201 ARROWRIDGE BLVD.
City-St-Zip: CHARLOTTE, NC 28273

Title: ASD () Delete
Name: O'DRISCOLL, MICHAEL
Address: 375 NORTHRIDGE RD. SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS () Delete
Name: HAAS, KEITH
Address: 375 NORTHRIDGE RD. SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: AS () Delete
Name: HICKMAN, GARY
Address: 375 NORTHRIDGE RD. SUITE 350
City-St-Zip: ATLANTA, GA 30350

Title: D () Delete
Name: BLACK, DOUG
Address: 375 NORTHRIDGE RD. SUITE 350
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY HICKMAN

AS

02/11/2003

Electronic Signature of Signing Officer or Director

_____ Date