

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90056 025 \*\*\*550.00

DOCUMENT # 79500000 1088

1. Entity Name  
THE PANTRY, INC. & SUBSIDIARIES

870125

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1801 DOUGLAS DRIVE Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 1410 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SANFORD, NC	City & State SANFORD, NC	4. FEI Number 56-1574463	Applied For <input type="checkbox"/> Not Applicable
Zip 27330	Country WAKE	Zip 27331-1410	Country WAKE

**DO NOT WRITE  
IN THIS SPACE**

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

7. Name and Address of Current 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) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT PETER J. SODINI 1112 SILVER OAK CT. RALEIGH, NC 27614	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DENNIS R. CROOK 313 MAGNOLIA DRIVE SOUTHERN PINES, NC 28387	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT WILLIAM T. FLYG 1032 KINGSLERE DR. CARY, NC 27511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DOUGLAS M. SWEENEY 705 BOARDWALK DR. #424 PONTE VEDRA BEACH, FL 32082	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT DANIEL J. MCCORMACK 104 LONG SHADOW LANE CARY, NC 27511	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joseph Duncan Joseph Duncan 6/13/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)