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PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # F97000001666/

Compass Holdings Delaware, Inc.

FILED FLORIDA DEPARTMENT OF STATE Apr 29, 1999 8:00 am Katherine Harris Secretary of State Secretary of State DIVISION OF CORPORATIONS 04-29-1999 90285 020 ***150.00

! !##!!! #!##! #!## !!**#!#** ##!#! ##!! !##! **!##!**

452607 - 90285 - 20

Principal Place of Business 2400 Yorkmond Road Charlotte NC 28217

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address 2400 Yorkmand Road Charlotte NC 28211

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing \Box

Trust Fund Contribution Country 25 29 30

> 81 Name

82

8. This corporation owes the current year Internal Personal Property Tax.

P No. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable)

Added to Fees

CT Corporation System
1200 South Pine Island Road Plantation, FL 33324

9. Name and Address of Current Registered Agent

83 84 City Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 1.1 TITLE Pres, CEO, Divector Mobael J. Bailer NAME 1.2 NAME 2400 Yorkmont Road STREET ADDRESS 1.3 STREET ADDRESS Charlotte NC 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change Change 2.1 TITLE TIFLE CFO, Divector 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP , Sec. + General Coursel Achange ☐ DELETE Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE X Change 4.1 TITLE [] Addition 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 5.1 TITLE , Divedo Change TITLE 5.2 NAME . Matthews NAME too yorknowt Road 5.3 STREET ADDRES STREET ADDRESS 5.4 CITY-ST-ZIP 2821, CITY-ST-ZIP Change DELETE 6.1 TITLE Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 2400 Yorkmont Road STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)