

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001666

1. Entity Name
COMPASS HOLDINGS DELAWARE INC.

Principal Place of Business
2400 YORKMONT RD
CHARLOTTE NC 28217

Mailing Address
2400 YORKMONT RD
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



DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1870425

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

N/A

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	D	Delete
NAME	BAILEY, MICHAEL J	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	VSGC	<input type="checkbox"/> Delete
NAME	STOERY, LAUREN A	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	PCBO	<input type="checkbox"/> Delete
NAME	GREEN, GARY R	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	ANDROF, THOMAS G	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DELANO, DEBORAH K	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	
TITLE	AS	<input type="checkbox"/> Delete
NAME	WELLS, C P	
STREET ADDRESS	2400 YORKMONT RD	
CITY-ST-ZIP	CHARLOTTE NC 28217	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard J. Rossitch	
STREET ADDRESS	2400 Yorkmont Road	
CITY-ST-ZIP	Charlotte NC 28217	
TITLE	VSGC Dir	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lauren Stoery	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PCED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ondrof, Thomas G.	
STREET ADDRESS	2400 Yorkmont Rd	
CITY-ST-ZIP	Charlotte NC 28217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lauren A. Stoery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP, GEN COUNSEL, SEC.

Date

Daytime Phone #

CR2E034 (10/00)

044119