

2003 FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000001666**

1. Entity Name
COMPASS HOLDINGS DELAWARE, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 8:55

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

2400 Yorkmont Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: Tax Department

City & State

City & State

Charlotte NC

Zip

Country

Zip

Country

28217

USA

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

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent. **No change**

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BAILEY, MICHAEL J
2400 YORKMONT RD
CHARLOTTE NC 28217** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Sr. VP, GC + Secretary + Dir
Johnny C. Taylor Jr.
2400 Yorkmont Rd
Charlotte NC 28217** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
ROSSITCH, RICHARD L
2400 YORKMONT RD
CHARLOTTE NC 28217** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**900019189203
05/16/03--01066--022 **150.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCED
GREEN, GARY R
2400 YORKMONT RD
CHARLOTTE NC 28217** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFOD
ONDROF, THOMAS G
2400 YORKMONT RD
CHARLOTTE NC 28217** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
DELANO, DEBORAH K
2400 YORKMONT RD
CHARLOTTE NC 28217** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
WELLS, C P
2400 YORKMONT RD
CHARLOTTE NC 28217** ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/03

5/14

CR2E034 (10/02)