

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90033 011 ***150.00

DOCUMENT # F98000005161

1. Entity Name

CROSS SALES AND ENGINEERING COMPANY

Principal Place of Business

Mailing Address

**P.O. BOX 18508
 GREENSBORO NC 27419**

**P.O. BOX 18508
 GREENSBORO NC 27419**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-0600094

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLSON, TODD
 370 WHOOPING LOOP, STE 1168
 ALTAMONTE SPRINGS FL 32701**

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)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CROSS III, WILLIAM S	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOORE, RONALD	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	AO	<input type="checkbox"/> Delete
NAME	BOHNSACK, JERRY	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROSS, PATRICIA	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	T	<input type="checkbox"/> Delete
NAME	JAMES, ASHLEY	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC	
TITLE	VP	<input type="checkbox"/> Delete
NAME	EARLEY, STEVE	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSCAR ABLE	
STREET ADDRESS	4400 PIEDMONT PARKWAY	
CITY-ST-ZIP	GREENSBORO NC 27410	
TITLE	TREASURER	<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		
TITLE	LFO	<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: **JERRY BOHNSACK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02 336-856-6000

Date Daytime Phone #

CR2E034 (9/01)