

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90038 036 \*\*\*150.00

0581494 AT

**DOCUMENT # P09851**

1. Entity Name  
**ORDERS DISTRIBUTING COMPANY, INC.**

|   |  |
|---|--|
| Principal Place of Business<br><b>1 WHITLEE COURT<br/>         3600 SHADER ROAD<br/>         ORLANDO FL 32808<br/>         US</b> | Mailing Address<br><b># 1 WHITLEE COURT<br/>         P.O. BOX 17189<br/>         GREENVILLE SC 29615<br/>         US</b> |
|---|--|

507310



DO NOT WRITE IN THIS SPACE

|  |   |
|--|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br><b>4500 Seaboard Rd Ste D</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| City & State<br><b>Orlando FL</b>  | City & State                              |
| Zip<br><b>32808</b>  | Country<br><b>US</b>                      |

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>57-0350763</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

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

6. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. 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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

**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                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>JOHNSTON, WILEY H<br/>105 MEADOWCREEK COURT<br/>GREER SC 29650</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>SMITH, C. MICHAEL<br/>101 CHAMBERLAIN COURT<br/>GREENVILLE SC</b> <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>KELLEY, JIM<br/>100 MERDIAN AVE<br/>GREENVILLE SC 29687</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>SMITH, NANCY O<br/>101 CHAMBERLAIN COURT<br/>GREENVILLE SC</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>WILLIAMS, DAVID H<br/>414 BISHOP DR<br/>MAULDIN SC</b> <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>V<br/>PULLIAM, MAURY<br/>2172 TURKEY RUN<br/>WINTER PARK FL</b> <input type="checkbox"/> Delete          |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <i>See attached</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                     |

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: David H. Williams **DAVID H. Williams** 2-15-02 864-254-1229  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachment # P09851/507315

Orders Distributing Company, Inc

OFFICERS

|                   |                      |  |
|-------------------|----------------------|--|
| C. Michael Smith  | President & Chairman | #1 Whitlee Court<br>Greenville, SC 29607 |
| David H. Williams | V/P Finance          | #1 Whitlee Court<br>Greenville, SC 29607 |
| Timothy G. Cook   | V/P Sales            | #1 Whitlee Court<br>Greenville, SC 29607 |
| Maurice Pulliam   | V/P Sales            | #1 Whitlee Court<br>Greenville, SC 29607 |
| James H. Kelley   | V/P Administrative   | #1 Whitlee Court<br>Greenville, SC 29607 |
| Wiley H. Johnson  | V/P Personnel        | #1 Whitlee Court<br>Greenville, SC 29607 |
| Nancy O. Smith    | Secretary            | #1 Whitlee Court<br>Greenville, SC 29607 |

DIRECTORS

|                  |  |
|------------------|--|
| C. Michael Smith | #1 Whitlee Court<br>Greenville, SC 29607 |
| Nancy O. Smith   | #1 Whitlee Court<br>Greenville, SC 29607 |