


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0146288 AB

| | |
|---------------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # P25455 |  |
| 1. Entity Name HOLDING PATTERN COMPANY. | |

FILED
03 JUL 30 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | |
|----------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Principal Place of Business 333 S BEAUDRY AVE 21ST FLOOR: C/CO OREO SALES GROUP #4242 LOS ANGELES CA 90017 US | Mailing Address 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 US |
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| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

☐ CHECK HERE IF MAKING CHANGES

| | | | |
|--------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|
| 4. FEI Number 95-3999334 | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | Name Street Address (P.O. Box Number is Not Acceptable) 100021941981 07/30/03--01056--006 **550.00 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.

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 \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FUSZARD, JOSEPH T 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Howard C. Epstein NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP MROZ, GREG S 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S STARK, EDWARD J 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD NOON, MARY P 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NASH, PHYLLIS P 401 N TRYON ST NC1-021-02-20 CHARLOTTE NC 28255 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Joseph T. Fuszard NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1; indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if I were 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:  **7-16-03** **415-953-0621**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Greg S. Mroz Sr.** Date Daytime Phone #

CR2E034 (4/03)