

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 91324 027 ***150.00

DOCUMENT # P33979

1. Entity Name
EBI COMPANIES, INC.

Principal Place of Business
9 FARM SPRINGS RD
FARMINGTON CT 06032

Mailing Address
9 FARM SPRINGS RD
FARMINGTON CT 06032

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
9300 Arrowpoint Blvd.
Suite, Apt. #, etc.
MS1313
City & State
Charlotte, NC
Zip
28273



DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1287148
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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City Tallahassee FL Zip Code 32301

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 *Laura R. Dunlap* Laura R. Dunlap as its agent
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 2/19/01

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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DCEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRODERICK, TERRY		NAME		
STREET ADDRESS	9300 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28201		CITY-ST-ZIP		
TITLE	DP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JACOBSEN, RAYMOND W.		NAME		
STREET ADDRESS	500 PARK BOULEVARD		STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	ITASCA IL 60143		CITY-ST-ZIP	Charlotte, NC 28273	
TITLE	VP/T	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GOWEN, LAWRENCE W		NAME		
STREET ADDRESS	9300 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28201		CITY-ST-ZIP		
TITLE	DSVP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WHEELER, JOYCE W		NAME		
STREET ADDRESS	9300 ARROWPOINT BLVD		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTE NC 28201		CITY-ST-ZIP		
TITLE	S	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	SPITZER, JUDY S		NAME		
STREET ADDRESS	9 FARM SPRINGS RD		STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	FARMINGTON CT 06032		CITY-ST-ZIP	Charlotte, NC 28273	
TITLE	VP	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	VINCI, PETER M		NAME		
STREET ADDRESS	9 FARM SPRINGS RD		STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	FARMINGTON CT 06032		CITY-ST-ZIP	Charlotte, NC 28273	

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: *Judy S. Spitzer* Judy S. Spitzer, Corp. Secretary 2/23/01 704-522-2841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)