

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90119 032 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P33979

1. Entity Name
EBI COMPANIES, INC.



Principal Place of Business
**9300 ARROWPOINT BLVD
CHARLOTTE NC 28273**

Mailing Address
**PO BOX 1000
CHARLOTTE NC 28273**

2. Principal Place of Business
9300 Arrowpoint Blvd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1000
Suite, Apt. #, etc.

City & State
Charlotte, NC

City & State
Charlotte, NC

4. FEI Number **06-1287148**

Applied For
Not Applicable

Zip **28273** Country **US**

Zip **28273** Country **US**

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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.

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
**DCEO
BRODERICK, TERRY
9300 ARROWPOINT BLVD
CHARLOTTE NC 28201**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President/Chairman
Stephen M. Mulready
9300 Arrowpoint Blvd.
Charlotte, NC 28273**

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JACOBSEN, RAYMOND W.
9300 ARROWPOINT BLVD
CHARLOTTE NC 28273**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director, SVP
Laura S. Lawrence
9300 Arrowpoint Blvd.
Charlotte, NC 28273**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP/T
GOWEN, LAWRENCE W
9300 ARROWPOINT BLVD
CHARLOTTE NC 28201**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Gwyn Fuller
9300 Arrowpoint Blvd.
Charlotte, NC 28273**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DSVP
WHEELER, JOYCE W
9300 ARROWPOINT BLVD
CHARLOTTE NC 28201**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director/CFO
Joseph F. Fisher
9300 Arrowpoint Blvd.
Charlotte, NC 28273**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
SPITZER, JUDY S
9300 ARROWPOINT BLVD
CHARLOTTE NC 28273**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Corporate Secretary
Linda Y. Pettigrew
9300 Arrowpoint Blvd
Charlotte, NC 28273**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
VINCI, PETER M
9300 ARROWPOINT BLVD
CHARLOTTE NC 28273**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Michael K. Ott
9300 Arrowpoint Blvd.
Charlotte, NC 28273**

☐ 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:

Linda Y. Pettigrew

Corporate Secretary

January 21, 2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **704-522-2000** Daytime Phone #

CR2E034 (10/02)