

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90101 045 \*\*\*150.00

**DOCUMENT # P96000044508**

1. Entity Name  
**ORIONAUTO GENERAL AGENCY, INC.**



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

Mailing Address  
**P.O. BOX 1000  
CHARLOTTE NC 28273  
US**

2. Principal Place of Business  
**9300 Arrowpoint Blvd.,**

3. Mailing Address  
**P.O. Box 1000**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Charlotte, NC**

City & State  
**Charlotte, NC**

4. FEI Number **59-3391851**

Applied For  
 Not Applicable

Zip  
**28273**

Country  
**US**

Zip  
**28273**

Country  
**USA**

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 **DP**  Delete  
NAME **REPPERT, DANIEL A**  
STREET ADDRESS **9300 ARROWPOINT BLVD**  
CITY-ST-ZIP **CHARLOTTE NC 28273-8135**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **CS**  Change  Addition  
NAME **Pettigrew, Linda**  
STREET ADDRESS **9300 Arrowpoint Blvd.**  
CITY-ST-ZIP **Charlotte, NC 28273**

TITLE **CCOV**  Delete  
NAME **WHEELER, JOYCE W**  
STREET ADDRESS **9300 ARROWPOINT BLVD**  
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE **SVP, CAO & General Counsel**  Change  Addition  
NAME **Laura S. Lawrence**  
STREET ADDRESS **9300 Arrowpoint Blvd.**  
CITY-ST-ZIP **Charlotte, NC 28273**

TITLE **VP**  Delete  
NAME **MADSON, GREGORY**  
STREET ADDRESS **1224 DMING WAY**  
CITY-ST-ZIP **MADISON WI 53717**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CCOV**  Delete  
NAME **FISHER, JOSEPH F**  
STREET ADDRESS **9300 ARROWPOINT BLVD**  
CITY-ST-ZIP **CHARLOTTE NC 28273**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **C**  Delete  
NAME **BRODERICK, TERRY**  
STREET ADDRESS **9300 ARROWPOINT BLVD**  
CITY-ST-ZIP **CHARLOTTE NC 28273**

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

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: *[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Secretary January 21, 2003  
704-522-2000 Date Daytime Phone #

CR2E034 (10/02)