


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 038 ***150.00

DOCUMENT # 819098

1. Entity Name
BSN-JOBST, INC.



Principal Place of Business Mailing Address
5825 CARNEGIE BLVD. **5825 CARNEGIE BLVD.**
CHARLOTTE, NC 28209 US **CHARLOTTE, NC 28209 US**

50024910



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

07212006 Chg-P CR2E034 (11/05)

City & State City & State

4. FEI Number Applied For
34-4468774 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006
7-31-06

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** Delete

NAME **BALLICU, MAURIZIO**

STREET ADDRESS **5825 CARNEGIE BLVD.**

CITY-ST-ZIP **CHARLOTTE, NC 28209**

TITLE **President** Change Addition

NAME **Shawn Fry**

STREET ADDRESS **5825 Carnegie Blvd**

CITY-ST-ZIP **Charlotte, NC 28209**

TITLE **S** Delete

NAME **DETJEN, DAVID**

STREET ADDRESS **90 PARK AVE.**

CITY-ST-ZIP **NEW YORK, NY 10016**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **V** Delete

NAME **KILKKA, ALLAN**

STREET ADDRESS **5825 CARNEGIE BLVD.**

CITY-ST-ZIP **CHARLOTTE, NC 28209**

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE **TREASURER** Change Addition

NAME **STEVE BRINN**

STREET ADDRESS **5825 CARNEGIE BLVD.**

CITY-ST-ZIP **CHARLOTTE, NC 28209**

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Allan A. Kilkka
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-06 704-551-7187
 Date Daytime Phone #