

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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 9300 Arrowpoint Blvd. MS1313
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City & State	City & State Charlotte, NC
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Zip	Country	Zip	Country
		28273	Mecklenburg



DO NOT WRITE IN THIS SPACE

4. FEI Number	06-1287148	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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** DATE: *2/19/01*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

TITLE	DCEO	<input type="checkbox"/> Delete
NAME	BRODERICK, TERRY	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	DP	<input type="checkbox"/> Delete
NAME	JACOBSEN, RAYMOND W.	
STREET ADDRESS	500 PARK BOULVD	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	VP/T	<input type="checkbox"/> Delete
NAME	GOWEN, LAWRENCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	DSVP	<input type="checkbox"/> Delete
NAME	WHEELER, JOYCE W	
STREET ADDRESS	9300 ARROWPOINT BLVD	
CITY-ST-ZIP	CHARLOTTE NC 28201	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPITZER, JUDY S	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	
TITLE	VP	<input type="checkbox"/> Delete
NAME	VINCI, PETER M	
STREET ADDRESS	9 FARM SPRINGS RD	
CITY-ST-ZIP	FARMINGTON CT 06032	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Arrowpoint Blvd.	
CITY-ST-ZIP	Charlotte, NC 28273	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	9300 Arrowpoint Blvd.	
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** DATE: *2/23/01* 704-522-2841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)