


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

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**

22002119



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

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

CHECK HERE IF MAKING CHANGES

City & State
Charlotte, NC

City & State
Charlotte, NC

Zip
28273

Country
US

Zip
28273

Country
US

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

**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
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCEO BRODERICK, TERRY 9300 ARROWPOINT BLVD CHARLOTTE NC 28201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACOBSEN, RAYMOND W. 9300 ARROWPOINT BLVD CHARLOTTE NC 28273	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T GOWEN, LAWRENCE W 9300 ARROWPOINT BLVD CHARLOTTE NC 28201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP WHEELER, JOYCE W 9300 ARROWPOINT BLVD CHARLOTTE NC 28201	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPITZER, JUDY S 9300 ARROWPOINT BLVD CHARLOTTE NC 28273	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VINCI, PETER M 9300 ARROWPOINT BLVD CHARLOTTE NC 28273	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Chairman Stephen M. Mulready 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, SVP Laura S. Lawrence 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Gwyn Fuller 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/CFO Joseph F. Fisher 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary Linda Y. Pettigrew 9300 Arrowpoint Blvd Charlotte, NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Michael K. Ott 9300 Arrowpoint Blvd. Charlotte, NC 28273	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **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)