

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 31, 2001 8:00 am
Secretary of State

0133032 AT

DOCUMENT # F97000006224

1. Entity Name
AAC FUNDING II, INC.

08-31-2001 90238 020 ***550.00

Principal Place of Business
10 SOUTH SIXTH STREET
RICHMOND VA 23219

Mailing Address
10 SOUTH SIXTH STREET
RICHMOND VA 23219



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
400 EAST CARY STREET

3. Mailing Address
400 EAST CARY STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
RICHMOND, VA

City & State
RICHMOND, VA

4. FEI Number
94-3211924

Applied For
 Not Applicable

Zip
23219

Country
USA

Zip
23219

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD Delete
 NAME
SURFACE, KATHERYN E
 STREET ADDRESS
10 SOUTH SIXTH STREET
 CITY-ST-ZIP
RICHMOND VA 23219

TITLE
SD Change Addition
 NAME
SURFACE, KATHERYN E.
 STREET ADDRESS
400 EAST CARY STREET
 CITY-ST-ZIP
RICHMOND, VA 23219

TITLE
VSD Delete
 NAME
WALLACE, D. FLEET
 STREET ADDRESS
10 SOUTH SIXTH STREET
 CITY-ST-ZIP
RICHMOND VA 23219

TITLE
PD Change Addition
 NAME
WALLIS, W. MARK
 STREET ADDRESS
400 EAST CARY STREET
 CITY-ST-ZIP
RICHMOND, VA 23219

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
VPD Change Addition
 NAME
GENRY, CHRISTOPHER D.
 STREET ADDRESS
400 EAST CARY STREET
 CITY-ST-ZIP
RICHMOND, VA 23219

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
VPD Change Addition
 NAME
SHANABERGER, SCOTT A.
 STREET ADDRESS
400 EAST CARY STREET
 CITY-ST-ZIP
RICHMOND, VA 23219

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP Change Addition

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:

Katheryn E. Surface
Katheryn E. Surface, Secretary

7/31/01 804-780-2691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)