

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000005324

**Entity Name:** BASKERVILL & SON, P.C.

**Current Principal Place of Business:**

101 S. 15TH STREET  
SUITE 200  
RICHMOND, VA 23219

**FILED**  
**Feb 23, 2015**  
**Secretary of State**  
**CC0090349048**

**Current Mailing Address:**

PO BOX 400  
ATTN MARGARET HOOD  
RICHMOND, VA 23218-0400

**FEI Number: 54-1258151**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name TYLER, BRUCE W  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title SECRETARY, DIRECTOR  
Name TATE, DONALD W  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title PRESIDENT, DIRECTOR  
Name CLARK, ROBERT J  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title CHAIRMAN  
Name FARMER, BRENT G  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title TREASURER  
Name HOOD, MARGARET D  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title DIRECTOR  
Name ROSS, CAROLE H  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title DIRECTOR  
Name LARSON, MARK  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

Title DIRECTOR  
Name RICHARDS, BRADLEY V  
Address PO BOX 400  
ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARGARET D. HOOD**

**TREASURER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           PINNOCK, BURCHELL F  
Address        PO BOX 400  
                  ATTN MARGARET HOOD  
City-State-Zip: RICHMOND VA 23218-0400