## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 27, 2003 8:00 am Secretary of State

| DOC<br>1. Entity N<br>EASTPA   |   | 006815   |   |  | )<br>}   | 02-27-2003  | 90126 036 **  | ***61.25  |
|--|---|--|---|--|--|---|---|---|
| Principal P  | lace of Business  | Mailing Address  | <del></del> !   |  | 1  |   |   |   |
| 700 E. MAIN ST., STE. 1411 700 E. MAIN ST., STE. 1411<br>RICHMOND VA 23219 RICHMOND VA 23219   |   |  | 1   |  |  |   |   |   |
| 1  | ,   |  |   |  | 1126800 1113   | ) <b>1816</b>   1817)   687)   1887)   18               | INN BUZIK BOND BUKAY INI  | 97 JJG21 Sim 1881   |
|  | Place of Business   | 3. Mailing Address   | ,   |  |  |   |   |   |
|  | Beaufant Springs Dr pt. #, etc.   | 7400 Beaut<br>Suite, Apt. #, etc.  | ont Spring  | & Dri  |  | CHECK HERE IF   |   |   |
| City & St  | 1e 40.5   | Suite 40.  | 5   |  | <u> </u>   |   | WARING CHANG  |   |
| $\mathbb{R}_{\mathbb{R}}$  | honord VA   | Richmon  |   |  | 4. FEI Number  | 4-0991483   |   | Applied For<br>Not Applicable                                     |
| Zip <b>2.3</b>   | aas Country<br>USA  | 2ip<br>23825   | Country   | A  | 5. Certificate of S  | Status Desired  | □ \$8.75 Fee Requ   | Additional<br>uired   |
|  | 6. Name and Address of Current R  |  |   |  | 7. Name and Ad   | dress of New Reg  |   |   |
| CORPO  | RATION SERVICE COMPANY  |  | Nam   |  |  |   |   |   |
| 1201 HAYS STREET   |   |  | Stree   | Street Address (P.O. Box Number is Not Acceptable) |  |   |   |   |
| TALLAH   | ASSEE FL 32301-2525   |  | ·   | · _  |  | <u> </u>  |   |   |
|  |   | •  | City  |  |  |   | FL Zip C  |   |
| 8. The above the obligation of | e named entity submits this statement for t<br>ations of registered agent.  | the purpose of changing its i  | egistered office  | or registere                                       | ed agent, or both, in  | the State of Florid                                     | a. I am familiar wit  | h, and accept   |
| -  | · ·   |  | .•  |  | i  |   |   |   |
| SIGNATURE  | Signature, typed or printed name of registered agent and  | d title if explicante (NOTE-   | Registered Agent sig  | nohura mariad                                      |  |   | DATE  |   |
|  |   | Itto:2:  | - where the sale is an  | mo.a (adomes a                                     | ALIMES LEMISTRINGS   |   | Ç.  |   |
| <u> </u>   | FILE NOW: FEE IS \$61.25  | Election Cam     Trust Fund Co   | paign Financing   | ·  | \$5.00 May Be<br>Added to Fees   |   | Check Payable Department of   |   |
| 10.  | FILE NOW: FEE IS \$61.25  OFFICERS AND DIRECT   | 9. Election Cam<br>Trust Fund Co   | paign Financing   | ·  | \$5.00 May Be<br>Added to Fees   | Florida   | Check Payabl<br>Department of   | State   |
| TITLE  | OFFICERS AND DIREC  | 9. Election Cam<br>Trust Fund Co   | paign Financing<br>Intribution.   | C A  | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHANG   | Florida   | Check Payable Department of   | State IN 10  R Addition 8   |
|  | OFFICERS AND DIRECT   | 8. Election Camp<br>Trust Fund Co  | paign Financing<br>Intribution.   | C Rea Coas   | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHANG<br>vdon, Ra<br>Hai Fedeval  | Florida in ESTO OFFICERS.                               | Check Payable Department of   | State IN 10 Addition  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | OFFICERS AND DIRECT DIRECT DISTRIBUTION OFFICERS AND DIRECT  | 8. Election Camparate Fund Control Con | paign Financing<br>ontribution.  11. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | C Rea Coas   | \$5.00 May Be<br>Added to Fees   | Florida in ESTO OFFICERS.                               | Check Payable Department of   | State IN 10 Addition  |
| TITLE<br>NAME<br>STREET ADDRESS  | OFFICERS AND DIRECT DISTRIBUTION OF THE CONTROL OF | 8. Election Camp<br>Trust Fund Co  | paign Financing ontribution.  11. TITLE NAME STREET ADDRESS   | C Rea Cons   | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHANG<br>Valon Ra<br>Halfddevall<br>eigh NC   | Florida in ESTO OFFICERS.                               | Check Payable Department of AND DIRECTORS Change  F. Albans De Change           | IN 10  Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | OFFICERS AND DIRECT D GARR, JENNIFER C SUN TRUST BANKS, INC., 25 PARK ATLANTA GA 30303 C VAGLIO, STEVE BANK OF AMERICA, 201 N TRYON   | 9. Election Cam Trust Fund Co  CTORS  CTORS  Delete  CPL 13TH  Delete  ST 12TH FL  | paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS   | C Rea Cons Ral D Vagi Book                         | \$5.00 May Be<br>Added to Fees<br>DDITIONS/CHANG<br>vdon, Ra<br>Hai Fedeval  | Florida   | Check Payable Department of AND DIRECTORS Change  F. Albans Department Change   | State IN 10 Addition  |
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ue and accurate and that my signature shall have the same legal effect as if made under path; that I am an officer or director red to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if all other like empowered. indicated on this report or supplemental report is of the corporation or the receiver or trustee empor changed, or on an attachment with an abdress.

SIGNATURE:

1-13-03

804644-1642