

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90001 005 \*\*\*150.00

**DOCUMENT # 827877**  
 1. Entity Name  
**NEW RIVER ELECTRICAL CORPORATION**

Principal Place of Business <b>ONE CLOVERDALE PLACE CLOVERDALE VA 24077 US</b>	Mailing Address <b>PO BOX 70 CLOVERDALE VA 24077-0070 US</b>
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2. Principal Place of Business <i>15 Cloverdale Place</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>54-0562496</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ARRITT, ROBERT B. JR.</b> <b>4412 STAYMAN ROAD</b> <b>ROANOKE VA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>SINK, DIANNE A.</b> <b>P.O. BOX 61 NA</b> <b>VINTON VA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>NOELL, CHARLES S</b> <b>2201 GRANDIN ROAD S W</b> <b>ROANOKE VA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SINK, DOUGLAS W</b> <b>PO BOX 430</b> <b>SHAWSVILLE VA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>WOLDEN, THOMAS M.</b> <b>4326 GRANDIN RD</b> <b>ROANOKE VA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>FURR, RICHARD D III</b> <b>3612 PITZER AVENUE</b> <b>ROANOKE VA</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<b>Vice President/CFO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>Senior Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<b>Michael D. Cooper</b> <b>1246 Westhill Drive</b> <b>Columbus OH 43213</b>
			<b>President - Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
			<b>Senior Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:** *[Signature]* **Vice Pres./CFO** **4/27/00** **(540) 966-1650**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)