

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827877

1. Entity Name

NEW RIVER ELECTRICAL CORPORATION

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

05-13-2000 90001 005 ***150.00

Principal Place of Business

ONE CLOVERDALE PLACE
CLOVERDALE VA 24077
US

Mailing Address

PO BOX 70
CLOVERDALE VA 24077-0070
US

2. Principal Place of Business

15 Cloverdale Place

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-0562496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

TITLE	TD	<input type="checkbox"/> Delete
NAME	ARRITT, ROBERT B. JR.	
STREET ADDRESS	4412 STAYMAN ROAD	
CITY-ST-ZIP	ROANOKE VA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SINK, DIANNE A.	
STREET ADDRESS	P.O. BOX 61 NA	
CITY-ST-ZIP	VINTON VA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	NOELL, CHARLES S	
STREET ADDRESS	2201 GRANDIN ROAD S W	
CITY-ST-ZIP	ROANOKE VA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SINK, DOUGLAS W	
STREET ADDRESS	PO BOX 430	
CITY-ST-ZIP	SHAWSVILLE VA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLDEN, THOMAS M.	
STREET ADDRESS	4326 GRANDIN RD	
CITY-ST-ZIP	ROANOKE VA	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FURR, RICHARD D III	
STREET ADDRESS	3612 PITZER AVENUE	
CITY-ST-ZIP	ROANOKE VA	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Vice President/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael D. Cooper	
STREET ADDRESS	1246 Westhill Drive	
CITY-ST-ZIP	Columbus OH 43213	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President - Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice Pres./CFO

Date

4/27/00

Daytime Phone #

(540) 966-1650

CR2E034 (9/99)