

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90258 017 \*\*\*150.00

**DOCUMENT # F93000003921**

1. Entity Name  
**GRAY LUMBER COMPANY**

Principal Place of Business

**5004 MONUMENT AVENUE  
 SUITE 200  
 RICHMOND VA 23230**

Mailing Address

**5004 MONUMENT AVENUE  
 SUITE 200  
 RICHMOND VA 23230**

**360985**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**54-0835254**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, ELMON T</b>	
STREET ADDRESS	<b>328 FOREST LANE</b>	
CITY-ST-ZIP	<b>WAVERLY VA 23890</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, GARLAND II</b>	
STREET ADDRESS	<b>328 FOREST LANE</b>	
CITY-ST-ZIP	<b>WAVERLY VA 23890</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, BRUCE B</b>	
STREET ADDRESS	<b>328 FOREST LANE</b>	
CITY-ST-ZIP	<b>WAVERLY VA 23890</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>GRAY, HORACE A III</b>	
STREET ADDRESS	<b>5004 MONUMENT AVENUE SUITE 200</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23230</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STETTINIUS, WALLACE</b>	
STREET ADDRESS	<b>206 DRYDEN LANE</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23229</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STETTINIUS, W. GRAY</b>	
STREET ADDRESS	<b>105 ADDINGHAM COURT</b>	
CITY-ST-ZIP	<b>RICHMOND VA 23229</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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	

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: **Horace A. Gray, III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02 804/359-8444  
Date Daytime Phone #

CR2E034 (9/01)