## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2007 8:00 am Secretary of State DOCUMENT #F93000003921 04-27-2007 90186 040 \*\*\*150.00 1. Entity Name **GRAY LUMBER COMPANY** 40000344 Mailing Address Principal Place of Business 5004 MONUMENT AVENUE 5004 MONUMENT AVENUE SUITE 200 SUITE 200 RICHMOND, VA 23230 RICHMOND, VA 23230 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 03202007 Cha-P City & State 4 EEL Number Applied For City & State Not Applicable 54-0835254 Country Ziρ Country Ζıρ \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET **SUITE 105** TALLAHASSEE, FL 32301 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. C Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signalure required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWING FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Delete TITLE TITLE NAME GRAY, ELMON T NAME 328 FOREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WAVERLY, VA 23890 CITY - ST - ZIP ■ Addition ☐ Delete Change TITLE TITLE NAME GRAY, GARLAND II NAME 328 FOREST LANE 1 STREET ADDRESS STREET ADDRESS WAVERLY, VA 23890 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE GRAY, BRUCE B NAME NAME 328 FOREST LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WAVERLY, VA 23890 Delete TITLE □ Change ■ Addition TITLE NAME GRAY, HORACE A III NAME 5004 MONUMENT AVENUE SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RICHMOND, VA 23230 CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE MCCARTHY, KEITH R NAME NAME STREET ADDRESS 5004 N LONUNLENT AVE, STE 200 STREET ADORESS CITY-ST-ZIP RICHMOND, VA 23230 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE BURTON, KELLY D NAME NAME STREET ADDRESS 5004 MONUMENT AVE STE 200 STREET ADDRESS RICHMOND, VA 23230 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: