


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # F93000003921 1. Entity Name GRAY LUMBER COMPANY	
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Principal Place of Business 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230	Mailing Address 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230
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01282008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-0835254	Applied For Not Applicable
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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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000919921
05/14/08 80023-011 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GRAY, ELMON T 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAY, GARLAND II 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRAY, BRUCE B 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GRAY, HORACE A III 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, KEITH R 5004 N LONUNLENT AVE, STE 200 RICHMOND, VA 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURTON, KELLY D 5004 MONUMENT AVE STE 200 RICHMOND, VA 23230

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IN THIS SPACE**

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: Kelley D. Burton Kelly D. Burton 4/22/08 804/359-8444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #