FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Jan 21, 2003 8:00 am Secretary of State F95000004923 DOCUMENT # 1. Entity Name 01-21-2003 90162 003 ***150 00 AMERICAN GFM CORPORATION Principal Place of Business Mailing Address 1200 CAVALIER BLVD. I D M D X D D M 1200 CAVALIER BLVD. CHESAPEAKE VA 23323 CHESAPEAKE VA 23323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 54-1059861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM -Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees رندا 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 T/T/ F ☐ Delete TITLE ☐ Change ☐ Addition KRALOWETZ, ROBERT NAME NAME STREET ADDRESS 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition MCCABE, RONALD L NAME NAME STREET ADDRESS 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME MACKINLAY, EDGAR H NAME STREET ADDRESS 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA CITY-ST-7IE TITLE ☐ Delete TITLE Change ☐ Addition NAME Kralowetz, Robert NAME STREET ADDRESS 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME HALL, JEFF R NAME STREET ADDRESS 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE VA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an addre-

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

TeffCR.JHall Dvice President Finance