2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am Secretary of State DOCUMENT # F9700006651 GOLDEN WEST, INC. 02-02-2001 90251 045 ***150.00 Principal Place of Business Mailing Address 448 VIKING DRIVE SUITE 200 448 VIKING DRIVE SUITE 200 14100 VIRGINIA BEACH VA 23452 VIRGINIA BEACH VA 23452 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 54-1823321 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FL 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) FILE NOW!!! FEE IS \$150,00.... 9. This corporation is eligible to satisfy its Intangible **10.** Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD Addition TITLE ☐ Delete TITLE Change NAME SANDLER, STEVEN B NAME STREET ADDRESS **221 76TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BCH VA 23452 ☐ Addition TITLE ☐ Delete TITLE Change NAME BENSON, NATHAN D NAME STREET ADDRESS STREET ADDRESS 3108 BISHOPSGATE COURT CITY-ST-ZIP CITY-ST-ZIP VIRGINIA BEACH VA 23452 TSD TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME SANDLER, ARTHUR B STREET ADDRESS STREET ADDRESS 536 REDGATE AVENUE CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA 23507 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED