

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004712

FILED
Mar 24, 2009
Secretary of State

Entity Name: SOUTHERN STATES COOPERATIVE, INCORPORATED

Current Principal Place of Business:

6606 WEST BROAD STREET
RICHMOND, VA 23230

New Principal Place of Business:

Current Mailing Address:

PO BOX 26234
RICHMOND, VA 23260

New Mailing Address:

FEI Number: 54-0387200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, CECIL D JR
Address: 3520 PARIS ROAD
City-St-Zip: GEORGETOWN, KY 403249773

Title: D () Delete
Name: COVINGTON, WILLIAM F
Address: 3008 S. NC 119
City-St-Zip: MEBANE, NC 27302

Title: PCEO () Delete
Name: SCHRIBNER, THOMAS R
Address: 4432 CUSTIS ROAD
City-St-Zip: RICHMOND, VA 23225

Title: VPT () Delete
Name: JEZQUIT, FRED
Address: 12371 BLANTON ROAD
City-St-Zip: ASHLAND, VA 23005

Title: S () Delete
Name: BRAM, KIMBERLY G
Address: 3612 SPRINGBERRY PLACE
City-St-Zip: RICHMOND, VA 23233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY G. BRAM

S

03/24/2009

Electronic Signature of Signing Officer or Director

Date