

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91295 026 ***150.00

DOCUMENT # F98000005966
 1. Entity Name
TED LANSING CORPORATION

Principal Place of Business Mailing Address
2903 W 15TH STREET **P.O. BOX 9489**
PANAMA CITY FL 32401 **RICHMOND VA 23228**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

4. FEI Number **54-0617098** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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.
 SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LANSING, J.C.	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND VA 23228	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JORDAN, D. SCOTT	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND VA 23228	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	WILSON, LAWRENCE A	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND VA 23228	
TITLE	V	<input type="checkbox"/> Delete
NAME	WHYTE, LYNN K	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND VA 23228	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOUGLASS, W. BIRCH III	
STREET ADDRESS	ONE JAMES CENTER	
CITY-ST-ZIP	RICHMOND VA 23228	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KUCHEM, KEVIN E	
STREET ADDRESS	8501 SANFORD DRIVE	
CITY-ST-ZIP	RICHMOND VA 23228	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. HENRY SMITH	
STREET ADDRESS	8501 SANFORD DR.	
CITY-ST-ZIP	RICHMOND, VA 23228	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **VP/CFO LAWRENCE A. WILSON** **4/26/01** **804)266-8893**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (10/00)