

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90072 010 ***150.00

DOCUMENT # P05457

1. Entity Name

IFN INSURANCE AGENCY, INC.

Principal Place of Business

Mailing Address

6610 WEST BROAD STREET
 RICHMOND VA 23230

6610 WEST BROAD STREET
 RICHMOND VA 23230-1702

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1304309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARSON, DAVID H	
STREET ADDRESS	6013 CHESTNUT HILL DR	
CITY-ST-ZIP	GLRN ALLON VA 23060	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BOBITZ, WARD E	
STREET ADDRESS	711 ROCKFORD RD	
CITY-ST-ZIP	MANAKIN-SABOT VA 23103	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CHINN, ROBERT D.	
STREET ADDRESS	2961 ELLESMERE DR.	
CITY-ST-ZIP	MIDLOTHIAN VA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, JOHN L.	
STREET ADDRESS	3216 NUTLEY COURT	
CITY-ST-ZIP	RICHMOND VA	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	STIFF, GEOFFREY S	
STREET ADDRESS	6610 W BRAOD ST	
CITY-ST-ZIP	RICHMOND VA 23230	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary + V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONITA M. KING	
STREET ADDRESS	8100 Cavendish Lane	
CITY-ST-ZIP	Richmond, VA 23227	
TITLE	V.P. & ASST. SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eugene Koster	
STREET ADDRESS	6630 W. Broad St.	
CITY-ST-ZIP	Richmond, VA 23230	
TITLE	President / Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas M. Stinson	
STREET ADDRESS	1488 Stage Coach Rd	
CITY-ST-ZIP	Manakin Sabot, VA 23103	
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: *Donita M. King* **REQUIRED**

3/17/00

804-281-6381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C:\P25024 (9/00)