## 2006 FOR PROFIT CORPORATION

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

## Mar 21, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F98000001017 03-21-2006 90021 049 \*\*\*150.00 1. Entity Name JONES & FRANK CORPORATION Principal Place of Business Mailing Address 40035076 1300 INGLESIDE ROAD 1300 INGLESIDE ROAD NORFOLK, VA 23502 NORFOLK, VA 23502 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P CR2E034 (11/05) 03142006 City & State Applied For City & State 4. FEI Number 54-0887401 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 11. **D**elete ☐ Change **Addition** TITLE TITLE Scott Jones 1300 Inglesidell PRENTISS JR. J H NAME NAME STREET ADDRESS 1300 INGLESIDE ROAD STREET ADDRESS Norfolk VA 23502 CITY-ST-ZIP NORFOLK, VA 23502 CITY-ST-ZIP **Addition** TITLE ☐ Delete TITLE Change EVERETT. O L NAME NAME 1300 INGLESIDE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORFOLK, VA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

KobinFreeman AlP

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