2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 30, 2009
Secretary of State

DOCUMENT# F03000000038

Entity Name: N.B. HANDY COMPANY

Current Principal Place of Business:

65 TENTH STREET
LYNCHBURG, VA 24504

New Principal Place of Business:

Current Mailing Address:

PO BOX 11258
LYNCHBURG, VA 245061258

New Mailing Address:

FEI Number: 54-0238570 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PENOT, TOM A
3019 MERCY DRIVE
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

COUGHLIN, WILLIAM R
3019 MERCY DRIVE
ORLANDO, FL 32808 US

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: WILLIAM R. COUGHLIN 10/30/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REAVES, MITCHELL W
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

Title: V ( ) Delete
Name: TYREE, JOSEPH R
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

Title: S ( ) Delete
Name: SEUFER, MARTHA C
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

Title: C ( ) Delete
Name: CARAGHER, JOSEPH A
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

Title: CH ( ) Delete
Name: CHRISTIAN, MICHAEL S
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

Title: V ( ) Delete
Name: MILLS, THOMAS G
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

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: C (X) Change ( ) Addition
Name: JACKSON, GENEVA C
Address: 65 TENTH STREET
City-St-Zip: LYNCHBURG, VA 24504

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: GENEVA C. JACKSON C 10/30/2009
Electronic Signature of Signing Officer or Director Date