

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 827877

**FILED**  
**Apr 11, 2014**  
**Secretary of State**  
**CC1537959831**

**Entity Name:** NEW RIVER ELECTRICAL CORPORATION

**Current Principal Place of Business:**

15 CLOVERDALE PLACE  
CLOVERDALE, VA 24077

**Current Mailing Address:**

15 CLOVERDALE PLACE  
CLOVERDALE, VA 24077 US

**FEI Number:** 54-0562496

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOLDEN, THOMAS  
Address        15 CLOVERDALE PLACE  
City-State-Zip: CLOVERDALE VA 24077

Title            VP  
Name            POE, MATTHEW I.  
Address        15 CLOVERDALE PLACE  
City-State-Zip: CLOVERDALE VA 24077

Title            SECRETARY, DIRECTOR, SENIOR  
                  VICE PRESIDENT - FINANCE  
Name            ARRITT, ROBERT B JR.  
Address        15 CLOVERDALE PLACE  
City-State-Zip: CLOVERDALE VA 24077

Title            DIRECTOR, SENIOR VICE PRESIDENT  
Name            GARRETT, TERRY M  
Address        15 CLOVERDALE PLACE  
City-State-Zip: CLOVERDALE VA 24077

*I hereby 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 all other like empowered.*

**SIGNATURE:** ROBERT B ARRITT, JR

**SECRETARY, DIRECTOR,    04/11/2014**  
**SENIOR VICE PRESIDENT**  
**- FINANCE**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date