

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F93000003691

**Entity Name:** DELAWARE TCV, INC.

**Current Principal Place of Business:**

THREE COMMERCIAL PLACE  
OFFICE OF CORP SECRETARY  
NORFOLK, VA 23510

**Current Mailing Address:**

THREE COMMERCIAL PLACE  
OFFICE OF CORP SECRETARY  
NORFOLK, VA 23510

**FEI Number: 51-0346425**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH 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 PD  
Name SEALE, DONALD W  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

Title V  
Name HIXON, JAMES A  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

Title AS  
Name FARLESS, LESLIE S  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

Title VD  
Name SQUIRES, JAMES A  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

Title T  
Name SUBLETT, JUDITH K  
Address 110 FRANKLIN RD SE  
City-State-Zip: ROANOKE VA 24042

Title S  
Name SWAIN, KINSHA O  
Address THREE COMMERCIAL PLACE  
City-State-Zip: NORFOLK VA 23510

*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: LESLIE S. FARLESS**

**AS**

**04/28/2014**

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

\_\_\_\_\_  
Date