# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 01, 2004 8:00 am**
**Secretary of State**
03-01-2004 90042 029 ***150.00

DOCUMENT # 810893

1. Entity Name
NOLAND COMPANY

44014272

02232004 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| ATTN TAX ADMINISTRATOR<br>2700 WARWICK BLVD<br>NEWPORT NEWS, VA 23607 | ATTN TAX ADMINISTRATOR<br>2700 WARWICK BLVD<br>NEWPORT NEWS, VA 23607 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 54-0320170 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND ROAD<br>PLANTATION, FL 33324 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ALLEN, THOMAS N<br>1420 EAST COMMERCE ROAD<br>RICHMOND, VA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TS<br>SYKES, J E JR<br>P.O. BOX 1892 N/A<br>NEWPORT NEWS, VA | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AVP<br>WELBORN, RICHARD L<br>8 MAYER COURT<br>HAMPTON, VA 23664 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GAMBILL, MARK<br>3600 DOUGLASDALE ROAD<br>RICHMOND, VA 23221 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | 1210 E. CARY STREET, SUITE 300<br>RICHMOND, VA 23219 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>GOOLSBY, A.C., III<br>9 STONEHURST GREEN<br>RICHMOND, VA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>HENDERSON, A P<br>13 FLAX MILL ROAD<br>NEWPORT NEWS, VA | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CD<br>NOLAND, LLOYD U<br>3 MERRY CIRCLE<br>NEWPORT NEWS, VA 23606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Richard L Welborn 2/23/04 757 928 9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #