

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 810893 1. Entity Name NOLAND COMPANY	
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Principal Place of Business ATTN TAX ADMINISTRATOR 2700 WARWICK BLVD NEWPORT NEWS, VA 23607	Mailing Address ATTN TAX ADMINISTRATOR 2700 WARWICK BLVD NEWPORT NEWS, VA 23607
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01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 54-0320170	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE

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

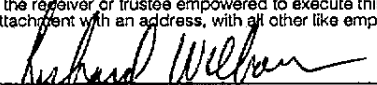
FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, THOMAS N 1420 EAST COMMERCE ROAD RICHMOND, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS WELBORN, RICHARD L 8 MAYER COURT HAMPTON, VA 23664
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBILL, MARK 1210 E. CARY STREET, SUITE 300 RICHMOND, VA 23219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOOLSBY, A.C., III 9 STONEHURST GREEN RICHMOND, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HENDERSON, A P 13 FLAX MILL ROAD NEWPORT NEWS, VA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NOLAND, LLOYD U 3 MERRY CIRCLE NEWPORT NEWS, VA 23606

000000177635 01/11/05-80056-007 150.00 DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** **1/6/05** **757-928 9000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #