## 2007 FOR PROFIT CORPORATION

of the corporation or the receiving changed, or on an attachment

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Jan 12, 2007 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #810893** 01-12-2007 90019 003 \*\*\*150.00 1. Entity Name **NOLAND COMPANY** Principal Place of Business Mailing Address ATTN TAX ADMINISTRATOR ATTN TAX ADMINISTRATOR 2700 WARWICK BLVD 2700 WARWICK BLVD NEWPORT NEWS, VA 23607 NEWPORT NEWS, VA 23607 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (12/06) 01042007 Chg-P Applied For 4. FEI Number City & State City & State 54-0320170 Not Applicable Zio Country Zin Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 Signature, typed or printed name of registered agent and title if applicable (FIOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. COF TITLE coo/Director Change Addition TITLE Delete PRESTON, JEAN F NAME NAME STREET ADDRESS 80 29TH ST STREET ADDRESS CITY-ST-ZIP NEWPORT NEWS, VA 23607 CITY-ST-ZIP Change ☐ Addition THIF Delete TITLE Treasurer NAME WELBORN, RICHARD L NAME STREET ACCRESS STREET ADDRESS 8 MAYER COURT CITY-ST-ZIP HAMPTON, VA 23664 CITY-ST-ZIP CEOD TITLE Change Addition TITLE ☐ Delete SCHWARTZ, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 80 29TH ST CITY-ST-ZIP CITY-ST-21P NEWPORT NEWS, VA 23607 TITLE ☐ Delete TITLE ☐ Change ■ Addition JOHNSTON, JACK W NAME NAME STREET ADDRESS 80 29TH ST STREET ADDRESS CITY-ST-ZIP NEWPORT NEWS, VA 23607 CITY-ST-7IP Vice President | Director ☐ Change TILLE **D**elete TITLE **X** Addition Rhonda L. Binger NAME HENDERSON, A P HAME STREET ADDRESS STREET ADDRESS 80 29TH ST 80 2913 Street CITY-ST-ZIP NEWPORT NEWS, VA 23607 CITY-ST-ZIP Newport New VA 23607 CFO/D ☐ Change X Addition Delete TITLE TITLE Roland L. Gordon NOLAND, LLOYD U NAME MAME STREET ACCRESS 80 29TH ST 80-2945 Street STREET ADDRESS NEWPORT NEWS, VA 23607 CITY-ST-ZIP Newport News VA 23607 12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained 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 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

FILED

Daytime Phone #