2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State
04-09-2003 90097 009 ***150.00

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DOCUMENT # 810893

1. Entity Name
NOLAND COMPANY

Principal Place of Business	Mailing Address
ATTN TAX ADMINISTRATOR 2700 WARWICK BLVD NEWPORT NEWS VA 23607	ATTN TAX ADMINISTRATOR 2700 WARWICK BLVD NEWPORT NEWS VA 23607

☐ CHECK HERE IF MAKING CHANGES

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 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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 ALLEN, THOMAS N 1420 EAST COMMERCE ROAD RICHMOND VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D; C Lloyd U. Noland III 3 Merry Circle Newport News, VA 23606	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS SYKES, J E JR P.O. BOX 1892 N/A NEWPORT NEWS VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C. Edward Pleasants 380 Knollwood St Suite 410 Winston Salem, NC 27103	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAMBILL, MARK 3600 DOUGLASDALE ROAD RICHMOND VA 23221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Richard L Welborn 8 Mayer Ct Hampton, VA 23664	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOOLSBY, A.C., III 9 STONEHURST GREEN RICHMOND VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HENDERSON, A P 13 FLAX MILL ROAD NEWPORT NEWS VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Arthur P Henderson Arthur P Henderson 4-7-2003 757-928-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #