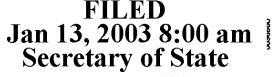
2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0100001754



Entity Name V.M.I. FOUNDATIO	ON, INCORPORATED)			01-13-2003 90062 03	30 ****61.25	
Principal Place of Business Mai		Mailing Address					
		P.O. BOX 932 LEXINGTON VA 24450	P.O. BOX 932				
2. Principal Place of Business		3. Mailing Address	. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 54	4. FEI Number 54-0505966		
Zìp	Country	Zip	Country	5. Certificate of Sta		Not Applicable 8.75 Additional ee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
BIST, MICHAEL P 1300 THOMASWOO TALLAHASSEE FL (Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code					
 The above named entitle obligations of regis SIGNATURE	ty submits this statement fo stered agent.	or the purpose of changing its	s registered office or r	egistered agent, or both, in th	ne State of Florida. I am fa	miliar with, and accept	
Signature, types	d or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature	required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 9. Election Trust Fo			mpaign Financing Contribution.	\$5.00 May Be Added to Fees	5.00 May Be dded to Fees Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIRE	CTORS IN 10	
TITLE P NAME HALL, CO STREET ADDRESS 90 JAMES	NRAD M STOWN CRESCENT	☐ Delete	TITLE NAME STREET ADDRESS			Change Addition	

CITY-ST-ZIP <u>Norfolk va 23508</u> CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME ADAMS, JAMES L DR. NAME STREET ADDRESS P.O. BOX 932 STREET ADDRESS CITY-ST-ZIP LEXINGTON VA-24450 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BRYAN, WARREN J NAME STREET ADDRESS P.O. BOX 932 STREET ADDRESS CITY-ST-ZIP LEXINGTON VA 24450 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition PRASNICKI, DAVID L NAME STREET ADDRESS P.O. BOX 932 STREET ADDRESS CITY-ST-ZIP LEXINGTON VA 24450 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

DAVID C. ARASNICK: 1/6/03