


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90216 008 \*\*\*150.00

<b>DOCUMENT # F03000001994</b>	
1. Entity Name <b>BUILDING EXCHANGE COMPANY</b>	

Principal Place of Business <b>101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND, VA 23235</b>	Mailing Address <b>101 GATEWAY CENTRE PARKWAY GATEWAY ONE RICHMOND, VA 23235</b>
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2. Principal Place of Business - No P.O. Box # <b>5600 Cox Road</b>	3. Mailing Address <b>5600 Cox Road</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>Glen Allen, VA</b>	City & State <b>Glen Allen, VA</b>
Zip <b>23060</b>	Country <b>USA</b>



04092007 Chg-P CR2E034 (12/06)

4. FEI Number <b>54-1688372</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent		
<b>SLOAN, F. LINTON</b> <b>201 S. ORANGE AVE. SUITE 1350</b> <b>ORLANDO, FL 32801</b>		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
		Zip Code <b>FL</b>

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	DP SELBY, JEFFREY C 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVP CONNOR, STEPHEN M 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10 S. LaSalle St., Ste 2501 Chicago, IL 60603
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, G. WILLIAM 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S&VP WENGER, HOLLY H 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5600 Cox Road Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T&VP RAMOS, RONALD B 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T. & SVP 5600 Cox Road Glen Allen, VA 23060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ABBE, C. CLEVELAND 1515 SW FIFTH AVE PORTLAND, OR 97201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Assistant Secretary Hope M. Vaughan 5600 Cox Road Glen Allen, VA 23060

12. I hereby certify that the information supplied with this filing does not qualify 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Hope M. Vaughan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2007

(804) 267-8697

Date

Daytime Phone #