2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F04000000908

Entity Name: CENTRAL VIRGINIA SERVICES, INC.

FILED Mar 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 506 800 COOPERATIVE WAY LOVINGSTON, VA 22949 ARRINGTON, VA 22922

Current Mailing Address: New Mailing Address:

P.O. BOX 506 LOVINGSTON, VA 22949

FEI Number: 54-1814019 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INC. 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE, FL 323012960 US

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.

SIGNATURE: BUSINESS FILINGS INC

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP () Delete Title: DC (X) Change () Addition

 Name:
 SCARBORO, HOWARD L
 Name:
 GOIN, GEORGE N

 Address:
 P.O. BOX 506
 Address:
 P.O. BOX 506

 Address:
 P.O. BOX 506
 Address:
 P.O. BOX 506

 City-St-Zip:
 LOVINGSTON, VA 22949
 City-St-Zip:
 LOVINGSTON, VA 229490506

Title: VCVP () Delete Title: DVC (X) Change () Addition Name: SWAIN, HUGHES C Name: SWAIN, HUGHES C

Address: P.O. BOX 506 Address: P.O. BOX 506

City-St-Zip: LOVINGSTON, VA 22949 City-St-Zip: LOVINGSTON, VA 229490506

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 TURNER, JENNIFER W

 Address:
 P.O. BOX 506

 Address:
 P.O. BOX 506

City-St-Zip: LOVINGSTON, VA 22949 City-St-Zip: LOVINGSTON, VA 229490506

Title: D () Delete Title: D (X) Change () Addition

Name: GOODLING, JACE Name: DUNCAN, ROBERT M

 Address:
 P.O. BOX 506
 Address:
 P.O. BOX 506

 City-St-Zip:
 LOVINGSTON, VA 22949
 City-St-Zip:
 LOVINGSTON, VA 229490506

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 VEST, GLORIA W
 Name:
 WOOD, GARY E

 Address:
 P.O. BOX 506
 Address:
 P.O. BOX 506

City-St-Zip: LOVINGSTON, VA 22949 City-St-Zip: LOVINGSTON, VA 229490506

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER W. TURNER DST 03/03/2008