2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001836

1. *Entity Name*
CHEWNING & WILMER, INCORPORATED

Principal Place of Business	Mailing Address
2508 MECHANICSVILLE TURNPIKE RICHMOND, VA 23223	2508 MECHANICSVILLE TURNPIKE RICHMOND, VA 23223

DO NOT WRITE IN THIS SPACE

04252006 No Chg-P CR2E034 (11/05)

4. FEI Number
54-0168050
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000556180
05/16/06-80062-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	POWELL, WILLIAM A JR.
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223
TITLE	VD
NAME	WILLIAMS, JOHN W
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223
TITLE	VSD
NAME	NELSON, ARTHUR W JR.
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223
TITLE	VTD
NAME	ZAHN, ROBERT M
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223
TITLE	VD
NAME	ATKINSON, JAMES E III
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223
TITLE	VD
NAME	ROGERS, CARSON W
STREET ADDRESS	2508 MECHANICSVILLE TURNPIKE
CITY-ST-ZIP	RICHMOND, VA 23223

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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: _____ 4/25/06 804-565-3913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #