

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005857

1. Entity Name
S.L. NUSBAUM REALTY CO.



Principal Place of Business
**ONE COMMERCIAL PLACE, SUITE 1000
NORFOLK, VA 23510**

Mailing Address
**ONE COMMERCIAL PLACE, SUITE 1000
NORFOLK, VA 23510**



02202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-1582671

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEON, MILES B
STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 1000
CITY-ST-ZIP NORFOLK, VA 23510

TITLE VD
NAME BATTEEN-HAWKS, VIRGINIA
STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 1000
CITY-ST-ZIP NORFOLK, VA 23510

TITLE SD
NAME NUSBAUM, ROBERT C
STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 1000
CITY-ST-ZIP NORFOLK, VA 23510

TITLE TC
NAME NUSBAUM, ALAN B
STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 1000
CITY-ST-ZIP NORFOLK, VA 23510

TITLE D
NAME NUSBAUM, V.H. JR.
STREET ADDRESS ONE COMMERCIAL PLACE, SUITE 1000
CITY-ST-ZIP NORFOLK, VA 23510

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000857544
04/01/08-80009-002 150.00

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IN THIS SPACE**

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:

Miles B. Leon, President

2/26/08 (757) 627-8611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #