

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 25 PM 12:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09202007 REIN-P CR2E098 (1/07)

4. FEI Number 54-2022912 Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR STE A  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name  
Capitol Corporate Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
155 Office Plaza Dr. Ste. A  
City Tallahassee FL Zip Code 32301

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 January 1, 2008, Fee will be \$300.00**

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

## 10. OFFICERS AND DIRECTORS

TITLE CP  
NAME BEDELL, PAUL M  
STREET ADDRESS 101 GATEWAY CENTRE PARKWAY  
CITY-ST-ZIP RICHMOND, VA 23235 ☒ Delete

TITLE D  
NAME KLEIN, THOMAS R  
STREET ADDRESS 101 GATEWAY CENTRE PARKWAY  
CITY-ST-ZIP RICHMOND, VA 23235 ☐ Delete

TITLE DT  
NAME RAMOS, RONALD B  
STREET ADDRESS 101 GATEWAY CENTRE PARKWAY  
CITY-ST-ZIP RICHMOND, VA 23235 ☐ Delete

TITLE VP  
NAME VAUGHAN, HOPE M  
STREET ADDRESS 101 GATEWAY CENTRE PARKWAY  
CITY-ST-ZIP RICHMOND, VA 23235 ☐ Delete

TITLE S  
NAME KING, ANNA M  
STREET ADDRESS 101 GATEWAY CENTRE PARKWAY  
CITY-ST-ZIP RICHMOND, VA 23235 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
500109893535  
09/25/07--01032--028 \*\*150.00

TITLE Director  
NAME Thomas R. Klein  
STREET ADDRESS 5600 Cox Road  
CITY-ST-ZIP Glen Allen, VA 23060 ☒ Change ☐ Addition

TITLE Director & Treasurer  
NAME Ronald B. Ramos  
STREET ADDRESS 5600 Cox Road  
CITY-ST-ZIP Glen Allen, VA 23060 ☒ Change ☐ Addition

TITLE Vice Pres. & Asst. Secretary  
NAME Hope M. Vaughan  
STREET ADDRESS 5600 Cox Road  
CITY-ST-ZIP Glen Allen, VA 23060 ☒ Change ☐ Addition

TITLE Vice President & Secretary  
NAME Anna M. King  
STREET ADDRESS 5600 Cox Road  
CITY-ST-ZIP Glen Allen, VA 23060 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 Hope M. Vaughan

9-20-07

804-267-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/27