

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000002364

FILED
Jan 13, 2009
Secretary of State

Entity Name: THOMAS RUTHERFOORD, INC.

Current Principal Place of Business:

ONE SOUTH JEFFERSON STREET
ROANOKE, VA 24011

New Principal Place of Business:

Current Mailing Address:

ONE SOUTH JEFFERSON STREET
ROANOKE, VA 24011

New Mailing Address:

FEI Number: 54-0735803 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR. #4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: RUTHERFOORD, THOMAS D
Address: 5500 CHEROKEE AVE
City-St-Zip: ALEXANDRIA, VA 22312

Title: VC () Delete
Name: BROWN, THOMAS
Address: 1001 HAXALL POINT #800
City-St-Zip: RICHMOND, VA 23219

Title: D () Delete
Name: ALEXANDER, FRED C
Address: 1 SOUTH JEFFERSON ST
City-St-Zip: ROANOKE, VA 24011

Title: DP () Delete
Name: STEADMAN, GEORGE A III
Address: 1 SOUTH JEFFERSON ST
City-St-Zip: ROANOKE, VA 24011

Title: VP () Delete
Name: MASON, WILLIAM B III
Address: 1001 HAXALL POINT #800
City-St-Zip: RICHMOND, VA 23219

Title: S () Delete
Name: ENOCHS, KIMBERLY
Address: 1 SOUTH JEFFERRSON ST
City-St-Zip: ROANOKE, VA 24011

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE A. STEADMAN III

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

_____ Date