May 19, 1999 8:00 am Secretary of State

05-19-1999 90013 001 *1,950.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9200000451

1. Corporation Name

T.E.U., INCORPORATED

··									
Principal Place of Business Mailing Address									
1309 EXCHANGE ALLEY		1309 EXCHANGE ALLEY RICHMOND VA 23219							
RICHMOND VA 23219		KICHMOND VA 23219			DO NOT WRITE IN THIS SPACE				
						Date Incorporated or Qualifed 11/30/1992			
2. Principal Pl	2a. Mailing Address	g Address			4. FEI Number		Apr	lied For	
21		26			54-1012224			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 A Fee Red		
22		27						<u>-</u>	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		\$5.00 r Added to	-	
Zip Country		Zip Country			8. This corporation owes the curre	nt veer Inte		71003	
24	25	29 3	¬ ′			Personal Property Tax.	it year iiit		□No
	9. Name and Address of Curren		*1	_		10. Name and Address of New Re	gistered /	Agent	
			81	I	lame	<u> </u>			
	ED STATES CORPORATION CO HAYES ST	MPANY	82	s	treet Addres	ss (P.O. Box Number is Not Acceptab	le)		
	E 105		83	┢			-		
TALLAHASSEE FL 32301									
			84	B4 City			FL	85 Zip C	ode
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was auti	horized by	the	amed corpor corporation	ation submits this statement for the p 's board of directors. I hereby accept	urpose of the appoir	changing its introduced the change of the ch	registered jistered
SIGNATURE							DATE		
	Signature, typed or printed name of registered agent and title if applicable. (NOTE OFFICERS AND DIRECTORS		Registered Agent signature require 13.		nature required v	ADDITIONS/CHANGES TO OFF		D DIRECTO	RS IN 12
TITLE	PD DELETE		1.1 TITLE		<u>-</u>	ADDITIONS/CHANGES TO SEE	OLINO 7119	Change	Addition
NAME	KEMENY, ROBERT		1.2 NAME						
STREET ADDRESS	1309 EXCHANGE ALLEY		1.3 STREET AD		DRESS				
CITY-ST-ZIP	RICHMOND VA		1.4 CITY-\$	ITY-ST-ZIP					
TITLE	VI.		2.1 TITLE	2.1 TITLE				☐ Change	☐ Addition
NAME	THOMAS, JEFFREY L		2.2 NAME						ļ
STREET ADDRESS	1309 EXCHANGE ALLEY		2.3 STREET	T AD	ORESS				
CITY-ST-ZIP	RICHMOND VA 23219		2.4 CITY-S)P			Character	finisition
TITLE	V DELETE		3.1 TITLE					Change	☐ Addition
NAME	BARTLETT, R D III		3.2 NAME						ĺ
STREET ADDRESS			3.3 STREET ADDRESS						Ì
CITY-ST-ZIP	RICHMOND VA 23219		3.4. CITY-S 4.1 TITLE	ST-Z	JP			☐ Change	Addition
TITLE	VS DUCH ANITA M		4.1 NAME						
NAME	PUGH, ANITA M 1309 EXCHANGE ALLEY				npecc				
STREET ADDRESS	DIOLINACNIO MA GOODO			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE			5.1 TITLE			, <u>, , , , , , , , , , , , , , , , , , </u>		Change	Addition
NAME		, 🛥	5.2 NAME					-	
STREET ADDRESS			5.3 STREET	TAD	ORESS				Į
CITY-ST-ZIP			5.4 CITY-S	ST-ZI	IP				
TITLE			6.1 TITLE	TITLE				☐ Change	☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

62 NAME

6.3 STREET ADORESS

NAME

STREET ADDRESS CITY-ST-ZIP