

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003691

1. Entity Name

DELAWARE TCV, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90019 011 ***150.00

Principal Place of Business

3 COMMERCIAL PLACE
ATTN: SUZANNE THURLBY
NORFOLK VA 23510

Mailing Address

3 COMMERCIAL PLACE
ATTN: SUZANNE THURLBY
NORFOLK VA 23510

2. Principal Place of Business

Three Commercial Place

Suite, Apt. #, etc.

Office of Corp Secretary

City & State
Norfolk, VA

Zip
23510-2191

Country
US

3. Mailing Address

Three Commercial Place

Suite, Apt. #, etc.

Office of Corp Secretary

City & State
Norfolk, VA

Zip
23510-2191

Country
US

4. FEI Number 54-0346425

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODE, DAVID R 3 COMMERCIAL PLACE NORFOLK VA 23510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLEISCHMAN, NANCY 3 COMMERCIAL PLACE NORFOLK VA 23510	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORT, ROBERT C 3 COMMERCIAL PLACE NORFOLK VA 23510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FOX, JOHN W JR 3 COMMERCIAL PLACE NORFOLK VA 23510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HIXON, JAMES A 3 COMMERCIAL PLACE NORFOLK VA 23510	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCCLEAN, JAMES W 3 COMMERCIAL PLACE NORFOLK VA 23510	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP CARTER, JAMES E JR. THREE COMMERCIAL PLACE NORFOLK VA 23510-2191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
VP McCLELLAN, JAMES W. THREE COMMERCIAL PLACE NORFOLK VA 23510-2191	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Leslie S. Farless

LESLIE S. FARLESS

4/11/01

757/629-2644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

