

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000003922 (2)**

1. Corporation Name  
**GRISE CORPORATION**



Principal Place of Business: **ONE JAMES CENTER, SUITE 1420 RICHMOND VA 23219**  
Mailing Address: **ONE JAMES CENTER, SUITE 1420 RICHMOND VA 23219**

3. Date Incorporated or Qualified: **08/30/1993**  
3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business: **21 951 E. Byrd St**  
Suite, Apt. #, etc.: **22 Suite 910**  
City & State: **23 Richmond VA**  
Zip: **24 23219** Country: **25**  
Mailing Address: **26 951 E. Byrd St**  
Suite, Apt. #, etc.: **27 Suite 910**  
City & State: **28 Richmond VA**  
Zip: **29 23219** Country: **30**

4. FEI Number: **54-1653459**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |                                 |
|----------------------------|---|---------------------------------|
| TITLE                      | PCD                                     | <input type="checkbox"/> DELETE |
| NAME                       | GRAY, ELMON T                           |                                 |
| STREET ADDRESS             | 328 FOREST LANE                         |                                 |
| CITY-ST-ZIP                | WAVERLY VA 23890                        |                                 |
| TITLE                      | VCD                                     | <input type="checkbox"/> DELETE |
| NAME                       | GRAY, GARLAND II                        |                                 |
| STREET ADDRESS             | 328 FOREST LANE                         |                                 |
| CITY-ST-ZIP                | WAVERLY VA 23890                        |                                 |
| TITLE                      | TD                                      | <input type="checkbox"/> DELETE |
| NAME                       | GRAY, BRUCE B                           |                                 |
| STREET ADDRESS             | 328 FOREST LANE                         |                                 |
| CITY-ST-ZIP                | WAVERLY VA 23890                        |                                 |
| TITLE                      | VD                                      | <input type="checkbox"/> DELETE |
| NAME                       | GRAY, HORACE A III                      |                                 |
| STREET ADDRESS             | <del>ONE JAMES CENTER, SUITE 1420</del> |                                 |
| CITY-ST-ZIP                | RICHMOND VA 23219                       |                                 |
| TITLE                      |   | <input type="checkbox"/> DELETE |
| NAME                       |   |                                 |
| STREET ADDRESS             |   |                                 |
| CITY-ST-ZIP                |   |                                 |
| TITLE                      |   | <input type="checkbox"/> DELETE |
| NAME                       |   |                                 |
| STREET ADDRESS             |   |                                 |
| CITY-ST-ZIP                |   |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                |  |
|---|--------------------------------|--|
| 1.1 TITLE   |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                                |  |
| 1.3 STREET ADDRESS                                    |                                |  |
| 1.4 CITY-ST-ZIP                                       |                                |  |
| 2.1 TITLE   |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                                |  |
| 2.3 STREET ADDRESS                                    |                                |  |
| 2.4 CITY-ST-ZIP                                       |                                |  |
| 3.1 TITLE   |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |                                |  |
| 3.3 STREET ADDRESS                                    |                                |  |
| 3.4 CITY-ST-ZIP                                       |                                |  |
| 4.1 TITLE   |                                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME  |                                |  |
| 4.3 STREET ADDRESS                                    | Riverbend Plaza, East, Ste 910 |  |
| 4.4 CITY-ST-ZIP                                       | 951 E. Byrd St                 |  |
| 5.1 TITLE   |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                                |  |
| 5.3 STREET ADDRESS                                    |                                |  |
| 5.4 CITY-ST-ZIP                                       |                                |  |
| 6.1 TITLE   |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |                                |  |
| 6.3 STREET ADDRESS                                    |                                |  |
| 6.4 CITY-ST-ZIP                                       |                                |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this report or as an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **5/9/96** (804) 643-2350  
Daytime Phone #

CR2E034 (12/95)