2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # F93000003922 1. Entity Name GRISE CORPORATION 04-09-2001 90021 032 ***150.00 Principal Place of Business Mailing Address 951 E. BYRD ST 951 E BYRD ST SUITE 910 SUITE 910 RICHMOND VA 23219 RICHMOND VA 23219 2. Principal Place of Business 3. Mailing Address avenue 5004 MONUNGALL 5004 Monuneut Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 200 vite 200 City & State Applied For City & State 4. FEI Number 54-1653459 Not Applicable ichnoud \$8.75 Additional 5. Certificate of Status Desired 23230 3230 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name *-THE PRENTICE HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition Change PCD ☐ Delete TITLE TITLE GRAY, ELMON T NAME NAME STREET ADDRESS STREET ADDRESS 328 FOREST LANE CITY-ST-ZIP CITY-ST-ZIP WAVERLY VA 23890 □ Change Addition VCD □ Delete TITLE NAME GRAY, GARLAND II NAME STREET ADDRESS STREET ADDRESS 328 FOREST LANE CITY-ST-ZIP CITY-ST-ZIP WAVERLY VA 23890 ☐ Addition. Change TITLE GRAY, BRUCE B NAME NAME STREET ADDRESS STREET ADDRESS 328 FOREST LANE CITY-ST-ZIP CITY-ST-ZIP WAVERLY VA 23890 TITLE □ Delete TITLE Bray. Horace A. TIT NAME GRAY, HORACE A III NAME 5004 Monunent QUE, Suite 200 STREET ADDRESS STREET ADDRESS RIVERFRONT PLAZA, SUITE 910, 951 E. BYRD BICHMONO, VA 23230 CITY-ST-7IP CITY-ST-ZIP RICHMOND VA ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetoe 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 purpose.