

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90258 016 ***150.00

DOCUMENT # F93000003922

1. Entity Name
GRISE CORPORATION

Principal Place of Business

**5004 MONUNCENT AVENUE
 SUITE 200
 RICHMOND VA 23230
 US**

Mailing Address

**5004 MONUNCENT AVENUE
 SUITE 200
 RICHMOND VA 23230
 US**

360986



2. Principal Place of Business

5004 Monument Avenue
 Suite, Apt. #, etc.

3. Mailing Address

5004 Monument Ave.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

54-1653459

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PCD GRAY, ELMON T**
 STREET ADDRESS **328 FOREST LANE**
 CITY-ST-ZIP **WAVERLY VA 23890**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VCD GRAY, GARLAND II**
 STREET ADDRESS **328 FOREST LANE**
 CITY-ST-ZIP **WAVERLY VA 23890**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD GRAY, BRUCE B**
 STREET ADDRESS **328 FOREST LANE**
 CITY-ST-ZIP **WAVERLY VA 23890**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD GRAY, HORACE A III**
 STREET ADDRESS **5004 MONUNCENT AVE, SUITE 200**
 CITY-ST-ZIP **RICHMOND VA 23230**

TITLE Change Addition
 NAME
 STREET ADDRESS *5004 Monument Ave, Suite 200*
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 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 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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

804/359-8444

Daytime Phone #

CR2E034 (9/01)