


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # F93000003922	
1. Entity Name GRISE CORPORATION	

Principal Place of Business 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230 US	Mailing Address 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230 US
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DO NOT WRITE IN THIS SPACE



03202007 No Chg-P CR2E034 (11/05)

4. FEI Number 54-1653459	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD GRAY, ELMON T 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GRAY, GARLAND II 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, BRUCE B 328 FOREST LANE WAVERLY, VA 23890
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GRAY, HORACE A III 5004 MONUMENT AVENUE SUITE 200 RICHMOND, VA 23230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000737572
05/11/07-80033-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Horace A Gray, III</u>	Date <u>4/25/07</u>	Daytime Phone # <u>804/359-8444</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		