

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State
 01-31-2001 90066 002 ***150.00

DOCUMENT # F94000000945

1. Entity Name

PREMIUM FUNDING ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4235 INNSLAKE DR.
 GLEN ALLEN VA 23060-1220
 US

P.O. BOX 1220
 GLEN ALLEN VA

00011343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

10 State House Square
 Suite, Apt. #, etc.

P.O. Box 1220
 Suite, Apt. #, etc.

City & State

Hartford, CT
 Zip 06103 Country U.S.

City & State

Glen Allen, VA
 Zip 23060 Country U.S.

4. FEI Number

06-1391252

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
 NAME VAUGHAN, MARTIN L
 STREET ADDRESS 4235 INNSLAKE DRIVE
 CITY-ST-ZIP GLEN ALLEN VA 23060 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
 NAME ROGAL, ANDREW L
 STREET ADDRESS 4235 INNSLAKE DRIVE
 CITY-ST-ZIP GLEN ALLEN VA 23060 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD
 NAME KARMAN, TIMOTHY J
 STREET ADDRESS 4235 INNSLAKE DRIVE
 CITY-ST-ZIP GLEN ALLEN FL ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
 NAME JONES, CAROLYN
 STREET ADDRESS 4235 INNSLAKE DRIVE
 CITY-ST-ZIP GLEN ALLEN VA 23060 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME SMITH, WALTER L
 STREET ADDRESS 4235 INNSLAKE DRIVE
 CITY-ST-ZIP GLEN ALLEN VA 23060 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Walter L. Smith

Date

1-19-01 804.747.3112

Daytime Phone #

CR2E034 (10/00)