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 # **F95000004535 (9)**

1. Corporation Name

CFW COMMUNICATIONS SERVICES INC.

Principal Place of Business
401 SPRING LN #300
WAYNESBORO VA 22980

Mailing Address
PO BOX 1990 #300
WAYNESBORO VA 22980

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 54-1701202 — 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

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

10. Name and Address of New Registered Agent

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DC	☐ DELETE
NAME	QUARFORTH, JAMES S	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	
TITLE	DP	☐ DELETE
NAME	ROSBERG, CARL A	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	
TITLE	DV	☐ DELETE
NAME	SMITH, CHRISTINA S	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	
TITLE	D	☒ DELETE
NAME	MACCARELLI, DAVID R	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	
TITLE	D	☒ DELETE
NAME	BROWNLEE, J. WILLIAM	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	
TITLE	S	☐ DELETE
NAME	MADISON, SHIRLEY J	
STREET ADDRESS	401 SPRING LN #300	
CITY-ST-ZIP	WAYNESBORO VA 22980	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	100001864031	
1.4 CITY-ST-ZIP	-06/17/96--01050--051	
2.1 TITLE	***225.00	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D/V/T/S	☒ Change ☐ Addition
3.2 NAME	Smith, Christina S.	
3.3 STREET ADDRESS	401 Spring LN #300	
3.4 CITY-ST-ZIP	Waynesboro, VA 22980	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	M.B. Moneymaker	
4.3 STREET ADDRESS	401 Spring LN #300	
4.4 CITY-ST-ZIP	Waynesboro, VA 22980	
5.1 TITLE	D	☐ Change ☒ Addition
5.2 NAME	G.S. Coyner	
5.3 STREET ADDRESS	401 Spring LN #300	
5.4 CITY-ST-ZIP	Waynesboro, VA 22980	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Madison, Shirley J.	
6.3 STREET ADDRESS	401 Spring LN #300	
6.4 CITY-ST-ZIP	Waynesboro, VA 22980	

06-17-96 OR

CR2E034 (12/95)

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 if changed, or on an attachment with an address.

SIGNATURE: G.S. Coyner — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 6/3/96 — Daytime Phone #: 540-946-3515

G.S. Coyner