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FILED

Feb 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F95000006091 (1)

1. Corporation Name  
DYNEX FINANCIAL, INC.



Principal Place of Business:  
4880 COX RD  
GLEN ALLEN VA 23060

Mailing Address  
4880 COX RD  
GLEN ALLEN VA 23060-6292

3. Date Incorporated or Qualified 12/14/1995  
3a. Date of Last Report 04/28/1996

2. Principal Place of Business  
21 10900 Nuckols Road  
Suite, Apt #, etc.

2a. Mailing Address  
26 10900 Nuckols Road  
Suite, Apt #, etc.

4. FEI Number 54-1779092  
Applied For Not Applicable

22 Third Floor  
City & State

27 Third Floor  
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 Glen Allen, VA  
Zip

28 Glen Allen, VA  
Zip

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 23060 Country USA

29 23060 Country USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	GEURIN, LYNN K	
STREET ADDRESS	4880 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTSON, WILLIAM	
STREET ADDRESS	4880 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MURRAY, BRIAN K	
STREET ADDRESS	4880 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	CARROLL, MICHAEL T	
STREET ADDRESS	4880 COX RD	
CITY-ST-ZIP	GLEN ALLEN VA 23060	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SMITH, JAMES V	
STREET ADDRESS	4880 COX ROAD	
CITY-ST-ZIP	GLEN ALLEN VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10900 Nuckols Road, Third Floor
1.4 CITY-ST-ZIP	Glen Allen, VA 23060
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10900 Nuckols Road, Third Floor
2.4 CITY-ST-ZIP	Glen Allen, VA 23060
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10900 Nuckols Road, Third Floor
3.4 CITY-ST-ZIP	Glen Allen, VA 23060
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10900 Nuckols Road, Third Floor
5.4 CITY-ST-ZIP	Glen Allen, VA 23060
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Secretary/Treasurer
6.3 STREET ADDRESS	Stephen J. Benedetti
6.4 CITY-ST-ZIP	10900 Nuckols Road, Third Floor
	Glen Allen, VA 23060

14. I do 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 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:

*William Robertson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Robertson, President 1/31/97

(804) 217-6000

CR2E034 (9/96)