

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90051 008 ***150.00

DOCUMENT # F96000000927

1. Corporation Name

AMERICA'S MONEYLINE, INC.

Principal Place of Business

4880 COX RD
GLEN ALLEN VA 23060

Mailing Address

4880 COX RD
GLEN ALLEN VA 23060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1996

4. FEI Number

54-1785196

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE
NAME WILSON, THOMAS K
STREET ADDRESS 901 EAST BYRD STREET, 10TH FLOOR
CITY-ST-ZIP RICHMOND VA 23219

TITLE VD ☐ DELETE
NAME SAWYER, MICHAEL
STREET ADDRESS 4880 COX RD
CITY-ST-ZIP GLEN ALLEN VA

TITLE S ☐ DELETE
NAME RIELY, HENRY S
STREET ADDRESS 901 E BYRD ST 17TH FL
CITY-ST-ZIP RICHMOND VA

TITLE T ☐ DELETE
NAME PARTLOW, ROBERT G
STREET ADDRESS 4880 COX RD
CITY-ST-ZIP GLEN ALLEN VA

TITLE D ☐ DELETE
NAME HEAVENRIDGE, DAVID L
STREET ADDRESS 901 E BYRD ST 10TH FL
CITY-ST-ZIP RICHMOND VA

TITLE P ☒ DELETE
NAME COUDRIET, CHARLES E.
STREET ADDRESS 4880 COX ROAD
CITY-ST-ZIP GLEN ALLEN VA 23060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Vice President ☐ Change ☒ Addition
1.2 NAME Harry R. Burd
1.3 STREET ADDRESS 4880 Cox Road
1.4 CITY-ST-ZIP Glen Allen, VA 23060

2.1 TITLE President/Director ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 100 Tredegar Street
3.4 CITY-ST-ZIP Richmond, VA 23219

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Vice President ☐ Change ☒ Addition
6.2 NAME Frederick R. Elflein
6.3 STREET ADDRESS 4880 Cox Road
6.4 CITY-ST-ZIP Glen Allen, VA 23060

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael L. Sawyer, President

Date

Daytime Phone #

(804) 967-7061

4/5/99

CR2E034 (1/1/98)