

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**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90108 002 \*\*\*150.00

**DOCUMENT # F97000003407**

1. Corporation Name  
**CCA FINANCIAL, INC.**

Principal Place of Business  
**8080 AMF DRIVE  
RICHMOND VA 23111**

Mailing Address  
**P O BOX 17190  
RICHMOND VA 23226  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/30/1997**

4. FEI Number

**54-0903267**

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **P WILLIAMS, RICHARD G**  
STREET ADDRESS **7275 GLEN FOREST DRIVE**  
CITY-ST-ZIP **RICHMOND VA**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

*please see attached  
listing for changes*

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **VD CUTCHINS, WILLIAM W**  
STREET ADDRESS **7275 GLEN FOREST DRIVE**  
CITY-ST-ZIP **RICHMOND VA**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **T RAY, PEGGY T**  
STREET ADDRESS **7275 GLEN FOREST DRIVE**  
CITY-ST-ZIP **RICHMOND VA**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☒ DELETE  
NAME **V POWELL, GERRY**  
STREET ADDRESS **8080 AMF DRIVE**  
CITY-ST-ZIP **RICHMOND VA**

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

*Vice President  
Mayo Silvey  
8080 AMF Drive  
Mechanicsville, VA 23111*

☐ Change ☒ Addition

TITLE ☐ DELETE  
NAME **S ARMSTRONG, BEVERLEY W**  
STREET ADDRESS **901 EAST CARY ST., STE 1400**  
CITY-ST-ZIP **RICHMOND VA**

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

☐ Change ☐ Addition

TITLE ☐ DELETE  
NAME **D GOODWIN, WILLIAM H JR**  
STREET ADDRESS **901 E CARY ST, STE 1500**  
CITY-ST-ZIP **RICHMOND VA 23219**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Dana G. Harrison* Asst. Secretary

*2/1/99*

*(804) 285-5500*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

234618-90108-2  
F 9700003407

**CCA Financial, Inc. Officers & Directors**

Federal Employer Identification Number: 54 - 0903267

**Officers**

**Richard Nelson, President**

8080 AMF Drive  
Mechanicsville, VA 23111

**Richard Williams, Executive Vice President**

8080 AMF Drive  
Mechanicsville, VA 23111

**William Cutchins, Executive Vice President**

8080 AMF Drive  
Mechanicsville, VA 23111

**Beverley Armstrong, Secretary**

901 East Cary Street, Suite 1500  
Richmond, VA 23219

**Mayo Silvey, Vice President**

8080 AMF Drive  
Mechanicsville, VA 23111

**Peggy Ray, Treasurer**

8080 AMF Drive  
Mechanicsville, VA 23111

**Cheryle Toy, Assistant Secretary**

901 East Cary Street, Suite 1500  
Richmond, VA 23219

**Susan Clarke, Assistant Secretary**

8080 AMF Drive  
Mechanicsville, VA 23111

**Dana Harrison, Assistant Secretary**

8080 AMF Drive  
Mechanicsville, VA 23111

**Directors**

**William H. Goodwin, Jr.**

**Beverley W. Armstrong**

**Richard J. Higgerson**

901 East Cary Street, Suite 1500  
Richmond, VA 23219