FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F9800000752 1. Entity Name THE RECIPROCAL ALLIANCE SERVICES CORPORATION 04-11-2001 90051 012 ***150.00 Principal Place of Business Mailing Address 4200 INNSLAKE DRIVE 4200 INNSLAKE DRIVE GLEN ALLEN VA 23060 GLEN ALLEN VA 23060 C0045289 2. Principal Place of Business 3. Mailing Address P.O. Box 85058 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE c/o Tax Department City & State City & State 4. FEI Number Applied For 54-1774037 Richmond, VA Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 23285-5058 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) P/CEO/D X Change ☐ Addition TITLE ☐ Delete TITLE PATTERSON, KENNETH R NAME NAME 4200 INNSLAKE DR STREET ADDRESS STREET ADDRESS GLEN ALLEN VA 23060 CITY-ST-ZIP CITY-ST-ZIP Xi Change ☐ Addition TITLE TITLE ☐ Delete S/T/D DAVIS, RONALD K NAME NAME 417 LIBBIE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **RICHMOND VA 23226** ☐ Change ☐ Addition TITLE ☐ Delete TITLE KELLEY, JUDITH A NAME NAME 4200 INNSLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GLEN ALLEN VA 23060 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition SMITH, THOMAS K NAME 4200 INNSLAKE DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - 7/P GLEN ALLEN VA 23060 CITY-ST-ZIP DC TITLE Delete TITLE Change ☐ Addition BROWN, JAMES W JR NAME NAME 324 GLENHAVEN DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP ALEXANDER CITY AL 35010-3706 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition FRARACCIO, FELIX A NAME NAME STREET ADDRESS 1001 SAM PERRY BLVD STREET ADDRESS CITY-ST-ZIP FREDERICKSBURG VA 22401 CITY-ST-ZIP

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. Carolyn B. Hudgins

(804)747-8600

Daytime Phone #

The Reciprocal Alliance Services Corporation

2000/2001

Officers

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