


**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90245 002 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # F98000006922**

1. Corporation Name

**STATESMAN FINANCIAL CORPORATION**

Principal Place of Business

6606 WEST BROAD STREET  
RICHMOND VA 23230

Mailing Address

6606 WEST BROAD STREET  
RICHMOND VA 23230

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/18/1998**4. FEI Number  
54-1081965

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip Country

24 25

2a. Mailing Address

26 P O BOX 26234

Suite, Apt. #, etc.

27 LEGAL DEPARTMENT 7TH FLOOR

City &amp; State

28 RICHMOND VA

Zip Country

29 23260 30 USA

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PC ☐ DELETENAME BOUTWELL, WAYNE A  
STREET ADDRESS 10 RIVER COURT LANE  
CITY-ST-ZIP RICHMOND VATITLE VD ☐ DELETENAME HAWKINS, JONATHAN A  
STREET ADDRESS 3910 VICTORIA LANE  
CITY-ST-ZIP PULASKI VATITLE D ☐ DELETENAME KEGLEY, WILLIAM M  
STREET ADDRESS ROUTE 1 BOX 82B  
CITY-ST-ZIP PULASKI VATITLE D ☐ DELETENAME BLESSING, FLOYD K  
STREET ADDRESS 234 BLAIRS POND ROAD  
CITY-ST-ZIP HOUSTON DETITLE TD ☐ DELETENAME KOCH, JOSEPH H  
STREET ADDRESS 6878 WEST WESTERN COURT  
CITY-ST-ZIP NEW PALESTINE INTITLE D ☐ DELETENAME REED, THOMAS H  
STREET ADDRESS 404 SPRING MEADOWS LANE  
CITY-ST-ZIP DEWITT MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE PD ☒ 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

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE D ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

3125 Lockport Place  
Richmond, VA 23233

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]* **SIGNATURE REQUIRED** **Ancarrow, Jr., Secretary** **February 3, 1999**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)