

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2001 8:00 am**  
**Secretary of State**

03-09-2001 90495 042 \*\*\*158.75

**DOCUMENT # F98000006922**

1. Entity Name

**STATESMAN FINANCIAL CORPORATION**

Principal Place of Business

**6606 WEST BROAD STREET  
 RICHMOND VA 23230**

Mailing Address

**P O BOX 26234  
 LEGAL DEPARTMENT, 7TH FLOOR  
 RICHMOND VA 23260**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **54-1081965**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **CD** ☐ Delete  
 NAME **BOUTWELL, WAYNE A**  
 STREET ADDRESS **10 RIVER COURT LANE**  
 CITY-ST-ZIP **RICHMOND VA**

TITLE **D** ☐ Delete  
 NAME **HAWKINS, JONATHAN A**  
 STREET ADDRESS **3910 VICTORIA LANE**  
 CITY-ST-ZIP **PULASKI VA**

TITLE **D** ☐ Delete  
 NAME **KEGLEY, WILLIAM M**  
 STREET ADDRESS **ROUTE 1 BOX 82B**  
 CITY-ST-ZIP **PULASKI VA**

TITLE **D** ☐ Delete  
 NAME **BLESSING, FLOYD K**  
 STREET ADDRESS **234 BLAIRS POND ROAD**  
 CITY-ST-ZIP **HOUSTON DE**

TITLE **PT** ☐ Delete  
 NAME **KOCH, JOSEPH H**  
 STREET ADDRESS **15643 FOX COVE CIRCLE**  
 CITY-ST-ZIP **MOSELEY VA 23120**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **John Kruse**  
 STREET ADDRESS **5710 Sundance Drive**  
 CITY-ST-ZIP **Columbia, MO 65202**

TITLE ☐ Change ☒ Addition  
 NAME **Allen Floyd**  
 STREET ADDRESS **5534 Kircher Road**  
 CITY-ST-ZIP **Columbia, MO 65202**

TITLE ☐ Change ☒ Addition  
 NAME **K. Gene McClung**  
 STREET ADDRESS **1631 Charrington Drive**  
 CITY-ST-ZIP **Midlothian, VA 23113**

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **N. Hopper Ancarrow, Jr.**  
 CITY-ST-ZIP **921 South Gaskins Road**

TITLE ☐ Change ☒ Addition  
 NAME **D**  
 STREET ADDRESS **James Mahan**  
 CITY-ST-ZIP **7271 Russell Cave Road, KY 40511**

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.

SIGNATURE: *N. Hopper Ancarrow, Jr.*

**N. Hopper Ancarrow, Jr. 03/01/01 (804) 281-1205**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)