

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90061 044 ***150.00

0560208
AT

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **T**
STREET ADDRESS **Froman, John C.**
CITY-ST-ZIP **6606 West Broad Street**
Richmond, VA 23230

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

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

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Kegley, William M**
CITY-ST-ZIP **6085 Alum Spring Road**
Pulaski, VA 24301

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

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Ancarrow, N. Hopper, Jr.**
CITY-ST-ZIP **6606 West Broad Street**
Richmond, VA 23230

TITLE ☐ Delete
NAME **PT**
STREET ADDRESS **KOCH, JOSEPH H**
CITY-ST-ZIP **15843 FOX COVE CIRCLE**
MOSELEY VA 23120

TITLE ☒ Change ☐ Addition
NAME **PCD**
STREET ADDRESS **Koch, Joseph H.**
CITY-ST-ZIP **6606 West Broad Street**
Richmond, VA 23230

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **KRUSE, JOHN**
CITY-ST-ZIP **5710 SUNDANCE DRIVE**
COLUMBIA MO 65202

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Kruse, John**
CITY-ST-ZIP **One Ray Young Drive**
Columbia, MO 65205

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:

[Signature]

N. Hopper Ancarrow, Jr.

03/21/02

(804) 281-1205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attachment

F98000006922

Principle Place of Business

Mailing Address

Statesman Financial Corporation
6606 West Broad Street
Richmond Virginia 23230

P.O. Box 25567
Legal Department, 7th Floor
Richmond, VA 23260

FEI # 54-1081965

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOS IN 11.

Addition

TITLE	D
NAME	K. Gene McClung
ST ADDRESS	6606 West Broad Street --
CITY-ST-ZIP	Richmond, VA 23230