

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002890

1. Entity Name

OPEN PLAN SYSTEMS, INC.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90042 010 ***150.00

Principal Place of Business

Mailing Address

4299 CAROLINA AVENUE. BLDG. C
RICHMOND VA 23222

4299 CAROLINA AVENUE. BLDG. C
RICHMOND VA 23222-1403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

54-1515256

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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, 2000 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 | C | <input type="checkbox"/> Delete |
| NAME | MARKEL, ANTHONY F | |
| STREET ADDRESS | 4551 COX RD. | |
| CITY-ST-ZIP | GLEN ALLEN VA 23060 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FARRELL, GARY M | |
| STREET ADDRESS | 1111 CAVALIER BLVD | |
| CITY-ST-ZIP | CHESAPEAKE VA 23323 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CHANDLER, THEODORE L JR | |
| STREET ADDRESS | 1021 EAST CARY ST. 16TH FLOOR | |
| CITY-ST-ZIP | RICHMOND VA 23210 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PEERY, TROY A JR | |
| STREET ADDRESS | 1900 MANAKIN ROAD | |
| CITY-ST-ZIP | MANAKIN-SABOT VA 23103 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MIZELL, ROBERT F | |
| STREET ADDRESS | 901 E. CARY ST. | |
| CITY-ST-ZIP | RICHMOND VA 23219 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MUGFORD, EDWIN | |
| STREET ADDRESS | 8200 W. BROAD ST. | |
| CITY-ST-ZIP | RICHMOND VA 23294 | |

| | | |
|----------------|----------------------------|--|
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | John L. Hobey | |
| STREET ADDRESS | 4299 CAROLINA AVE, BLDG. C | |
| CITY-ST-ZIP | Richmond VA 23222 | |
| TITLE | Chief Financial Officer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM F. CRABTREE | |
| STREET ADDRESS | 4299 CAROLINA AVE, BLDG. C | |
| CITY-ST-ZIP | Richmond, VA 23222 | |
| TITLE | CORPORATE CONTROLLER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEEL F. SUFFA | |
| STREET ADDRESS | 4299 CAROLINA AVE BLDG C | |
| CITY-ST-ZIP | Richmond, VA 23222 | |
| TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | W SYDOR SETTLE | |
| STREET ADDRESS | 310 South Street- 3rd FL | |
| CITY-ST-ZIP | MORRISTOWN, NJ 07960 | |
| TITLE | PRESIDENT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

804-228-8000

Daytime Phone #

CR2E034 (9/99)