

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90268 036 ***750.00

DOCUMENT # F99000002890

1. Entity Name

OPEN PLAN SYSTEMS, INC.

Principal Place of Business

**4299 CAROLINA AVENUE. BLDG. C
 RICHMOND VA 23222**

Mailing Address

**4299 CAROLINA AVENUE. BLDG. C
 RICHMOND VA 23222**

2. Principal Place of Business

4299 CAROLINA Ave

3. Mailing Address

4299 Carolina Ave

Suite, Apt. #, etc.

BLDG C

Suite, Apt. #, etc.

BLDG C

City & State

RICHMOND VA

City & State

RICHMOND VA

Zip

23222

Country

Zip

23222

Country

4. FEI Number

54-1515256

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 ☐ Delete
 NAME **C**
 STREET ADDRESS **MARKEL, ANTHONY F**
 CITY-ST-ZIP **4551 COX RD. GLEN ALLEN VA 23060**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **FARRELL, GARY M**
 CITY-ST-ZIP **1111 CAVALIER BLVD CHESAPEAKE VA. 23323**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **CHANDLER, THEODORE L JR**
 CITY-ST-ZIP **1021 EAST CARY ST. 16TH FLOOR RICHMOND VA 23210**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PEERY, TROY A JR**
 CITY-ST-ZIP **1900 MANAKIN ROAD MANAKIN-SABOT VA 23103**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MIZELL, ROBERT F**
 CITY-ST-ZIP **901 E. CARY ST. RICHMOND VA 23219**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MUGFORD, EDWIN**
 CITY-ST-ZIP **8200 W. BROAD ST. RICHMOND VA 23294**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **William Sydnor Settle**
 CITY-ST-ZIP **310 South St. 3rd Floor Morristown, NJ 07960**

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS **Chandler, Theodore L JR.**
 CITY-ST-ZIP **1010 Gateway Pkwy - Gateway one Richmond, VA 23235**

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

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

TITLE ☐ Change ☐ 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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01 (804) 228-5200
 Date Daytime Phone #

CR2E034 (5/01)

Attachment
#F99 000002890
A0083815

Please add the following:

D

J Wesley Hall
4 Broad Run Lane
Manakin Sabot, VA 25103

O

Stephen Hindle
4299 Carolina Avenue
Richmond, VA 23222

O

David Green
4299 Carolina Avenue
Richmond, VA 23222
