FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97029 1. Entity Name RAVEN RESOURCES, INC.						Feb 01, 2002 8:00 am Secretary of State 02-01-2002 90044 024 ***150.00				
Principal Place of Business 300 KANAWHA BLVD EAST SUITE 400 CHARLESTON WV 32607-1799 US			Mailing Address P.O BOX 26765 RICHMOND VA 23261 US						To the state of th	
2. Principal P 315 70th			3. Mailing Address			i tratitut din initi 1901) oblit tirio init einit Bibli Bibli Bibli bibli (CD) .				
Suite, Apt.	. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Stat	te con, WV		City & State			4 . FI	El Number 59-3036984	•		pplied For ot Applicable
Zip 25304		Country US	Zip	Country		5. C	ertificate of Status Desired		3.75 Add	ditional
	6. Name	and Address of Current R	legistered Agent			7. Na	ame and Address of New Regist			
				Na	ime .					
	RVICES, INI T'PARK'AVI	•			eet Address ((P.O. Bo	ox Number is Not Acceptable)	******		
	SSEE FL 3							··- -	· · · · · ·	
INCOM	NOCE I E U	2001	-				· · · · · · · · · · · · · · · · · · ·		7:- 0	_
				Cit	y			FL	Zip Code	2
9. This corporate filing a	Signature, typed	or printed name of registered agent an ible to satisfy its Intangible and elects to do so.	FILE NOW!! After May 1, 200 Make Check Payabl	Registered Agen ! FEE IS \$ 2 Fee will !	t signature required 150.00 be \$550.00	d when rein	nt, or both, in the State of Florida. httating) 10. Election Campaign Financir Trust Fund Contribution.	DATE		0 May Be to Fees
11.	4 2 1/10 1 1 2 2	OFFICERS AND D	DIRECTORS	12.	·,	ADE	DITIONS/CHANGES TO OFFICER	S AND D	RECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIZE, R.	awha blvd east., sui	□ Delete	NAME STREET AOD CITY-ST-ZE	•	•] Change	☐ Addition
TITLE NAME STREET ADDRESS CHTY-ST-ZIP	4 NORTH	S, J. DAVID 4TH STREET ID VA 23219	XX Delete	TITLE NAME STREET ADD CITY-ST-ZIF	A. C	orth	ry ge Mason , JR 4th Street d, VA 23219	. X Z	⊈ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11020 Å	TIMOTHY E GROSSCUP AVE WV 25064	☐ Delete	TITLE NAME - STREET ADD CITY-ST-ZIR	1] Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HATFIELL 4 NORTH		X Delete	TITLE NAME STREET ADDE	Star RESS 4 No	orth	r C. Suboleski 4th Street 1, Va 23219	X(2	₫ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY ST. ZIP			☐ Delete	NAME STREET ADDI	RESS] Change	☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFINER OR DIRECTOR

804-788-1899 Daytime Phone #