

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000005358

FILED
Apr 12, 2011
Secretary of State

Entity Name: SCOTT & STRINGFELLOW, LLC

Current Principal Place of Business:

909 E. MAIN STREET
RICHMOND, VA 28219

New Principal Place of Business:

901 EAST BYRD STREET
RICHMOND, VA 23219

Current Mailing Address:

200 WEST SECOND STREET 3RD FLOOR
WINSTON-SALEM, NC 27101

New Mailing Address:

C/O LISA I. MOBERLY BB&T
200 WEST SECOND STREET 3RD FLOOR LEGAL
WINSTON-SALEM, NC 27101

FEI Number: 54-0294670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: CECIL, ALEX W
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR
Name: DANIELS, KENNETH L
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR
Name: GRIM, MERLIN T
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR
Name: JOHNSON, HAL S
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR
Name: JUNG JR., JOHN B
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

Title: MGR
Name: SCOTT, SIDNEY B
Address: 901 EAST BYRD STREET
City-St-Zip: RICHMOND, VA 23219

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MANDELIN HENDRICKS

POA

04/12/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date