## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 20, 2002 8:00 am Secretary of State P01000065091 DOCUMENT # 1. Entity Name 05-20-2002 90145 001 \*\*\*450.00 PFG RECEIVABLES CORPORATION Principal Place of Business Mailing Address 12500 W. CREEK PKWY. 12500 W. CREEK PKWY. RICHMOND VA 23238 RICHMOND VA 23238 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE. TALLAHASSEE FL 32301 City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State :(See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition President E CED Change TITLE ☐ Delete TITLE NAME ·c. Grav NAME michael STREET ADDRESS STREET ADDRESS VA. 23238 : N CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE (VTD) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition lice President & Secretaru□ Delete TITLE( **V S**) TITLE NAME NAME 19500 West Creek Parkwaul STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P ☐ Addition Sident, MOST Treas. ASST. Se ☐ Change NAME 12500 west creek farkway Director STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE (D) ☐ Change ☐ Addition ☐ Delete TITLE NAME 12500 West creek Parkway NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

13. I hereby certify that the information supplies with this filling 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 error is rue and a curate 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 the secent powered 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 a loner like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

Richmond

NAME

STREET ADDRESS

CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4129602

804-484-7781

Daytime Phone #