

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90153 024 \*\*\*150.00

**DOCUMENT # P13967**

**1. Entity Name**  
**THE FINANCE COMPANY**

**Principal Place of Business**  
**5425 ROBIN HOOD ROAD**  
**SUITE 101B**  
**NORFOLK VA 23513**

**Mailing Address**  
**5425 ROBIN HOOD ROAD**  
**SUITE 101B**  
**NORFOLK VA 23513**



DO NOT WRITE IN THIS SPACE

|                                       |         |                           |         |                                                                  |  |                                                                                 |  |
|---------------------------------------|---------|---------------------------|---------|------------------------------------------------------------------|--|---------------------------------------------------------------------------------|--|
| <b>2. Principal Place of Business</b> |         | <b>3. Mailing Address</b> |         | <b>4. FEI Number</b><br>54-1043641                               |  | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |  |
| Suite, Apt. #, etc.                   |         | Suite, Apt. #, etc.       |         |                                                                  |  |                                                                                 |  |
| City & State                          |         | City & State              |         |                                                                  |  |                                                                                 |  |
| Zip                                   | Country | Zip                       | Country | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                                           |  |

|                                                                                                                                |  |                                                    |    |
|--------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------|----|
| <b>6. Name and Address of Current Registered Agent</b>                                                                         |  | <b>7. Name and Address of New Registered Agent</b> |    |
| <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b><br><b>1201 HAYS STREET</b><br><b>SUITE 105</b><br><b>TALLAHASSEE FL 32301</b> |  | Name                                               |    |
|                                                                                                                                |  | Street Address (P.O. Box Number is Not Acceptable) |    |
|                                                                                                                                |  |                                                    |    |
|                                                                                                                                |  | City                                               | FL |

**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.**

|                                                                                                                                                                 |  |                                                                                                                                         |  |                                                                                                                                |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------|--|
| <b>SIGNATURE</b><br>Signature, typed or printed name of registered agent and title if applicable.                                                               |  | (NOTE: Registered Agent signature required when reinstating)                                                                            |  | DATE                                                                                                                           |  |
| <b>9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so.</b> <input type="checkbox"/><br>(See criteria on back) |  | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2002 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> |  | <b>10. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution. |  |

|                                   |                               |                                            |  |                                                              |                             |                                                                              |  |
|-----------------------------------|-------------------------------|--------------------------------------------|--|--------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------|--|
| <b>11. OFFICERS AND DIRECTORS</b> |                               |                                            |  | <b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> |                             |                                                                              |  |
| TITLE                             | D                             | <input type="checkbox"/> Delete            |  | TITLE                                                        |                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                              | RALEY, ROBERT S., JR.         |                                            |  | NAME                                                         |                             |                                                                              |  |
| STREET ADDRESS                    | 1166 CASEY KEY ROAD           |                                            |  | STREET ADDRESS                                               | 3309 Charles McDonald Drive |                                                                              |  |
| CITY-ST-ZIP                       | NOKOMIS FL                    |                                            |  | CITY-ST-ZIP                                                  | Sarasota, FL 34240          |                                                                              |  |
| TITLE                             | DP                            | <input type="checkbox"/> Delete            |  | TITLE                                                        |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                              | TRAY, RONALD G                |                                            |  | NAME                                                         |                             |                                                                              |  |
| STREET ADDRESS                    | 5425 ROBIN HOOD RD 101B       |                                            |  | STREET ADDRESS                                               |                             |                                                                              |  |
| CITY-ST-ZIP                       | NORFOLK VA                    |                                            |  | CITY-ST-ZIP                                                  |                             |                                                                              |  |
| TITLE                             | VT                            | <input checked="" type="checkbox"/> Delete |  | TITLE                                                        | VT                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                              | POPPEN, CRAIG                 |                                            |  | NAME                                                         | DENISE NEWLON               |                                                                              |  |
| STREET ADDRESS                    | 5425 ROBIN HOOD RD 101B       |                                            |  | STREET ADDRESS                                               | 5425 ROBIN HOOD RD 101B     |                                                                              |  |
| CITY-ST-ZIP                       | NORFOLK VA 23513              |                                            |  | CITY-ST-ZIP                                                  | NORFOLK, VA 23513           |                                                                              |  |
| TITLE                             | VS                            | <input type="checkbox"/> Delete            |  | TITLE                                                        |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                              | PICCOLA, MARY P               |                                            |  | NAME                                                         |                             |                                                                              |  |
| STREET ADDRESS                    | 5425 ROBIN HOOD RD 101B       |                                            |  | STREET ADDRESS                                               |                             |                                                                              |  |
| CITY-ST-ZIP                       | NORFOLK VA                    |                                            |  | CITY-ST-ZIP                                                  |                             |                                                                              |  |
| TITLE                             | V                             | <input type="checkbox"/> Delete            |  | TITLE                                                        |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                              | LIEBERMAN, RICK               |                                            |  | NAME                                                         |                             |                                                                              |  |
| STREET ADDRESS                    | 5425 ROBIN HOOD RD SUITE 101A |                                            |  | STREET ADDRESS                                               |                             |                                                                              |  |
| CITY-ST-ZIP                       | NORFOLK VA                    |                                            |  | CITY-ST-ZIP                                                  |                             |                                                                              |  |
| TITLE                             |                               | <input type="checkbox"/> Delete            |  | TITLE                                                        |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                              | SEE ATTACHED                  |                                            |  | NAME                                                         |                             |                                                                              |  |
| STREET ADDRESS                    |                               |                                            |  | STREET ADDRESS                                               |                             |                                                                              |  |
| CITY-ST-ZIP                       |                               |                                            |  | 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:** *Ronald G. Tray* **REQUIRED** RONALD G. TRAY 4/24/02 (757) 858-1400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

The Finance Company  
Officers/Directors

Attachment  
Doc # P13967

856576

Robert S. Raley, Jr.  
3309 Charles McDonald Dr.  
Sarasota, FL 34240  
SS# 562-48-6352

CEO / DIRECTOR  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Ronald G. Tray  
521 New Zealand Reach  
Chesapeake, VA 23322  
SS# 165-32-4066

PRESIDENT / DIRECTOR  
ASSISTANT SECRETARY / CFO  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Denise Newlon  
304 Manning Lane  
Hampton, VA 23666  
SS# 225-29-3491

PRINCIPAL ACCOUNTING OFFICER,  
VICE PRESIDENT OF FINANCE  
TREASURER / CONTROLLER  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Rick S. Lieberman  
1100 Buford Court  
Chesapeake, VA 23320  
SS# 220-70-6669

EXECUTIVE VICE PRESIDENT  
CHIEF LENDING OFFICER  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

M. Patricia Piccola  
200 College Place #213  
Norfolk, VA 23510  
SS# 145-36-4540

SENIOR VICE PRESIDENT  
SECRETARY  
CHIEF ADMINISTRATIVE OFFICER  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Delma H. Ambrose  
1162 Hillwell Road  
Chesapeake, VA 23320  
SS# 229-84-2255

SENIOR VICE PRESIDENT  
Bus: 5425 Robin Hood Rd. Suite 101A  
Norfolk, VA 23513

Susan Traylor  
236 Nicholson Dr.  
Wakefield, VA 23888  
SS# 229-08-3986

VICE PRESIDENT  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

**The Finance Company  
Officers/Directors**

Attachment  
Doc # 13967  
856576

Marylou B. Hennessey  
4203 Heutte Dr.  
Norfolk, VA 23518  
SS# 228-72-0771

VICE PRESIDENT  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Guy H. Putman III  
7000 Newport Avenue  
Norfolk, VA 23505  
SS# 227-68-6377

VICE PRESIDENT  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

John M. Paris, Jr.  
410 49<sup>th</sup> Street  
Virginia Beach, VA 23451  
SS# 227-48-4356

ASSISTANT SECRETARY  
Bus: One Columbus Center #900  
Virginia Beach, VA 23462

James Ostrich  
2720 Ocean Shore Ave.  
Va. Beach, VA 23451  
SS# 210-52-6521

ASSISTANT VICE PRESIDENT  
Bus: 5425 Robin Hood Rd. Suite 101B  
Norfolk, VA 23513

Sam Erickson  
985 Cordova Drive  
Chula Vista, CA 91910  
SS# 347-54-6827

VICE PRESIDENT  
Bus: 637 Third Avenue, Suite I  
Chula Vista, CA 91910