## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P17981 02-21-2005 90057 039 \*\*\*150.00 1. Entity Name I COMMODITIES, INC. Principal Place of Business Mailing Address 40020472 P.O. BOX 4380 10142 W BROAD ST. GLEN ALLEN, VA 23060 US GLEN ALLEN, VA 23058 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02052005 CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 54-1114179 Not Applicable Zin Country Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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. I amytamiliar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE □ Delete TITLE ☐ Change ☐ Addition HOVERMARLE, DONALD H. NAME NAME STREET ADDRESS RR 4 STREET ADDRESS CITY-ST-ZIP CYNTIANA, KY 41031 CITY-ST-ZIP TITLE ☐ Delete DITLE ☐ Change ☐ Addition CROWDER, LARS E. NAME NAME STREET ADDRESS 10142 W BROAD ST. STREET ADDRESS CITY-ST-71P GLEN ALLEN, VA 23058 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition LORENCE, A JOHN JR NAME NAME STREET ADORESS 31 LINDEN SHORES STREET ADDRESS CITY-SI-ZIP MADISON, CT 06443 CITY-ST-ZIP TITLE Delete TITLE VICE PRESIDENT Addition ☐ Change NAME NAME JEFFREY S. WILL 2524 DUNHAM DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP RICHMOND, VA 23233 TITLE Oelete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CTTY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 21, 2005 8:00 am

**Secretary of State**