

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005082

**Entity Name:** CLARK NEXSEN, INC.**Current Principal Place of Business:**4525 MAIN STREET, SUITE 1400  
VIRGINIA BEACH, VA 23462**Current Mailing Address:**4525 MAIN STREET, SUITE 1400  
VIRGINIA BEACH, VA 23462 US**FEI Number:** 54-0613222**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY,  
TREASURER  
Name HALL, GREGORY J  
Address 4525 MAIN STREET, SUITE 1400  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR  
Name ARANYI, PETER  
Address 1111 METROPOLITAN AVE.  
STE.333  
City-State-Zip: CHARLOTTE NC 28204

Title DIRECTOR, PRESIDENT  
Name HALL, TERESA S  
Address 4525 MAIN STREET, SUITE 1400  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR  
Name BRASIER, CHRIS  
Address 333 FAYETTEVILLE STREET,  
STE. 1000  
City-State-Zip: RALEIGH NC 27601

Title DIRECTOR  
Name KEEN, WILLIAM  
Address 4525 MAIN STREET  
SUITE 1400  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR  
Name ESTEP, SAMUEL  
Address 4525 MAIN STREET  
SUITE 1400  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR  
Name BURKHOLDER, ROBERT  
Address 4525 MAIN STREET, SUITE 1400  
City-State-Zip: VIRGINIA BEACH VA 23462

Title DIRECTOR  
Name HARDIE, CLINT  
Address 440 MARTIN LUTHER KING JR. BLVD.  
City-State-Zip: MACON GA 31201

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GREGORY J. HALL**SECRETARY****03/07/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 ROBERSON, CHAD  
Address             301 COLLEGE STREET, SUITE 300  
City-State-Zip:    ASHEVILLE NC 28801

Title                   DIRECTOR  
Name                 POULTNEY, CHAD  
Address             4525 MAIN STREET, SUITE 1400  
City-State-Zip:    VIRGINIA BEACH VA 23462