

2020 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Commonwealth of Virginia
State Corporation Commission
Office of the Clerk
Entity ID: 02334134
Filing Number: 2009031031367
Filing Date/Time: 09/03/2020 10:25 AM
Effective Date/Time: 09/03/2020 10:25 AM



- CORPORATION NAME:
COMMERCIAL RECEIVERS, INCORPORATED
- VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ATTY.
R CARTER SCOTT III
1802 BAYBERRY COURT STE 401
RICHMOND, VA 23226-3773
- CITY OR COUNTY OF VA REGISTERED OFFICE:
087-HENRICO COUNTY
- STATE OR COUNTRY OF INCORPORATION:
VA-Virginia

DUE DATE: 09/30/20

SCC ID NO.: 0233413-4

5. TOTAL NUMBER OF AUTHORIZED
SHARES: 1,500

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

<input type="checkbox"/> Mark this box if address shown below is correct	If the block to the left is blank or contains incorrect data please add or correct the address below.
ADDRESS: C/O NATIONWIDE RETAILERS 117 SHOCKOE SLIP	ADDRESS:
CITY/ST/ZIP RICHMOND, VA 23219-0000	CITY/ST/ZIP

7. DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information	If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement
OFFICER <input checked="" type="checkbox"/> DIRECTOR <input type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/>
NAME: THERESA J TREXLER	NAME:
TITLE: Secretary	TITLE:
ADDRESS: 5503 FOREST BROOK DR	ADDRESS:
CITY/ST/ZIP: RICHMOND, VA 23230-0000	CITY/ST/ZIP:

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Carol E Wall, President
PRINTED NAME AND CORPORATE TITLE

8/14/20
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

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2020 ANNUAL REPORT CONTINUED

CORPORATION NAME:
COMMERCIAL RECEIVERS, INCORPORATED

DUE DATE: **09/30/20**
SCC ID NO.: **0233413-4**

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: CAROL E WALL TITLE: P/T ADDRESS: 1808 WINDING RIDGE DR CITY/ST/ZIP: RICHMOND, VA 23233-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: S TUCKER GRIGG TITLE: ADDRESS: 254 WEST 27TH ST., COTTAGE 264 CITY/ST/ZIP: SEA ISLAND, GA 31561-0000</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
<p>Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p>	<p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p>
<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>
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<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>	<p align="center">OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p>

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