FILED

03 JUN 18 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

100021279331
07/02/03--01071--011 **61.25

DOCUMENT # F94000000526

1. Entity Name
CARMAX AUTO SUPERSTORES, INC.

Principal Place of Business	Mailing Address
4900 COX RD GLEN ALLEN, VA 23060 US	4900 COX RD TAX DEPARTMENT GLEN ALLEN, VA 23060 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	4900 Cox Road Suite, Apt. #, etc. Tax Department
City & State	City & State Glen Allen, Virginia
Zip / Country	Zip 23060 / Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 54-0649949 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! - FEE IS $150.00
After May 1, 2003 fee will be $550.00
Make Check Payable to: Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HEATON, STUART A 4900 COX RD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CCOP LIGON, W. AUSTIN 4900 COX RD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REEDY, THOMAS W JR 4900 COX RD GLEN ALLEN, VA 23060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RIVAS, SCOTT A 4900 COX RD GLEN ALLEN, VA 23060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Folliard, Thomas W. 4900 Cox Road Glen Allen, VA 23060	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WILSON, FRED S 4900 COX RD GLEN ALLEN, VA 23060	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	COVP KEITH D BROWNING 4900 COX RD GLEN ALLEN, VA 23060	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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: Steven Heaton 6/17/03 (804) 747-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #