

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003281

Entity Name: PWF MANAGING CO., LLC

FILED  
Jan 20, 2011  
Secretary of State

**Current Principal Place of Business:**

999 WATERSIDE DRIVE, SUITE 2300  
NORFOLK, VA 23510

**New Principal Place of Business:**

**Current Mailing Address:**

999 WATERSIDE DRIVE, SUITE 2300  
NORFOLK, VA 23510

**New Mailing Address:**

FEI Number: 26-0220061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SLONE, JORDAN E  
Address: 999 WATERSIDE DRIVE, SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

Title: MGR  
Name: SLONE, NORMAN  
Address: 999 WATERSIDE DRIVE SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

Title: MGR  
Name: BANGEL, HERBERT K  
Address: 999 WATERSIDE DRIVE SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

Title: MGR  
Name: ZWIEBEL, DAVID  
Address: 999 WATERSIDE DRIVE SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

Title: MGR  
Name: MENDLOVIC, PINCHAS  
Address: 999 WATERSIDE DRIVE SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

Title: MGR  
Name: RICHEL, BENN  
Address: 999 WATERSIDE DRIVE SUITE 2300  
City-St-Zip: NORFOLK, VA 23510

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JORDAN E. SLONE

MGR

01/20/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date