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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:42

DOCUMENT # 112709 (1)

1. Corporation Name
CIRC MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~C/O PIEDMONT MANAGEMENT CORPORATION~~ ~~751 MILLER DRIVE, SUITE E-2~~ ~~LEESBURG VA 22075~~	~~C/O PIEDMONT MANAGEMENT CORPORATION~~ ~~751 MILLER DRIVE, SUITE E-2~~ ~~LEESBURG VA 22075~~

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State Route 719	26 Box 219	01/03/1927	03/23/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0237240	☐ Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23 Upperville VA	City & State 28 Upperville VA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 22176 / 25 USA	Zip / Country 29 22176 / 30 USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
TALLAHASSEE FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	FIRESTONE, BERTRAM R	1.2 NAME	
STREET ADDRESS	~~C/O NEWSTEAD FARM~~, ROUTE 719	1.3 STREET ADDRESS	Route 719
CITY-ST-ZIP	UPPERVILLE VA 22176	1.4 CITY-ST-ZIP	Upperville, VA 22176
TITLE	VSD	2.1 TITLE	☐ Change ☐ Addition
NAME	FIRESTONE, DIANA J	2.2 NAME	
STREET ADDRESS	~~C/O NEWSTEAD FARM~~, ROUTE 719	2.3 STREET ADDRESS	Route 719
CITY-ST-ZIP	UPPERVILLE VA 22176	2.4 CITY-ST-ZIP	Upperville, VA 22176
TITLE	VT	3.1 TITLE	☐ Change ☐ Addition
NAME	PAPPALARDO, RICHARD F	3.2 NAME	
STREET ADDRESS	~~C/O 751 MILLER DRIVE, SUITE E-2~~	3.3. STREET ADDRESS	Route 719
CITY-ST-ZIP	~~LEESBURG VA 22075~~	3.4 CITY-ST-ZIP	Upperville, vA 22176
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: By Richard Pappalardo 3/1/95 (703) 771 1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Richard F. Pappalardo, V.P. Finance

0307760 FP