## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#827450** 

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

**VPAT** 

PDCO

SENGLAUB, KEITH

VIENNA, VA 22182

SHANNON, MICHAEL

VIENNA, VA 22182

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8607 WESTWOOD CENTER DR

8607 WESTWOOD CENTER DR

Entity Name: FELD BROS. MANAGEMENT CORPORATION

FILED Apr 22, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8607 WESTWOOD CENTER DR. VIENNA, VA 22182 **Current Mailing Address: New Mailing Address:** 8607 WESTWOOD CENTER DR. 8607 WESTWOOD CENTER DR. VIENNA, VA 22182 ATTN: TAX DEPT VIENNA, VA 22182 FEI Number: 52-0905598 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition LITTLE, MICHAEL Name: Name: 8607 WESTWOOD CENTER DR Address: Address: City-St-Zip: VIENNA, VA 22182 City-St-Zip: ( ) Delete Title: Title: CEOD () Change () Addition Name: FELD KENNETH J. Name: 8607 WESTWOOD CENTER DR Address: Address: City-St-Zip: VIENNA, VA 22182 City-St-Zip: ( ) Delete Title: Title: VPSD () Change () Addition SOWALSKY, JEROME S. Name: Name: 8607 WESTWOOD CENTER DR Address: Address: City-St-Zip: VIENNA, VA 22182 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

SIGNATURE: KEITH SENGLAUB VPAT 04/22/2009

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