

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827450

FILED
Apr 27, 2012
Secretary of State

Entity Name: FELD BROS. MANAGEMENT CORPORATION

Current Principal Place of Business:

8607 WESTWOOD CENTER DR.
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

8607 WESTWOOD CENTER DR.
ATTN: TAX DEPT
VIENNA, VA 22182

New Mailing Address:

FEI Number: 52-0905598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: SVPT
Name: SENGLAUB, KEITH
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: CEO
Name: FELD, KENNETH J.
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: VPSD
Name: SOWALSKY, JEROME S.
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: VPAT
Name: LEVAN, WILLIAM
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: PDCO
Name: SHANNON, MICHAEL
Address: 8607 WESTWOOD CENTER DR
City-St-Zip: VIENNA, VA 22182

Title: VPD
Name: STRAUSS, NICOLE F
Address: 350 FIFTH AVE, SUITE 5119
City-St-Zip: NEW YORK, NY 10118

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM LEVAN

VPAT

04/27/2012

Electronic Signature of Signing Officer or Director

Date