## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000003519

Entity Name: ROA MANAGING CO., INC.

FILED Mar 07, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
	MAIN STREE (, VA 23510	T, 17TH FLOOR			
Current Mailing Address:			New Mailii	New Mailing Address:	
	MAIN STREE (, VA 23510	T, 17TH FLOOR			
FEI Number:	: 54-1902291	FEI Number Applied For()	FEI Number Not Appli	icable ( ) Certificate of Status Desired ( )	
Name and	Address of (	Current Registered Agent:	Name and	Address of New Registered Agent:	
1200 SOU	PORATION SY TH PINE ISLA ON, FL 3332	ND ROAD			
	named entity e of Florida.	submits this statement for the pu	rpose of changing it	s registered office or registered agent, or both,	
SIGNATUR					
	Electro	nic Signature of Registered Agen	t	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS	S AND DIREC	CTORS:	ADDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	SLONE, JORD	N STREET, 17TH FLOOR	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DV ( BANGEL, HER 505 COURT S' PORTSMOUTH	TREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	CHILDERS, E.	N STREET, 17TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition LITTON, T. RICHARD JR. 555 EAST MAIN STREET, FL 17 NORFOLK, VA 23510	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP ( ) Change (X) Addition PECK, PAUL H 555 EAST MAIN STREET, FL 17 NORFOLK, VA 23510	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition FRIEDMAN, ROBERT S 555 EAST MAIN STREET, FL 17 NORFOLK, VA 23510	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JORDAN E. SLONE PD 03/07/2005