


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90060 021 ***158.75

DOCUMENT # F99000004303	
1. Entity Name PIEDMONT MANAGEMENT CORPORATION	

Principal Place of Business P.O. BOX 219 UPPERVILLE, VA 20185	Mailing Address P.O. BOX 219 UPPERVILLE, VA 20185
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20012828

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02082005 Chg-P CR2E034 (10/03)

4. FEI Number 54-1655028	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DEUTSCH, STEVEN W 8000 PETERS ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name DEUTSCH, STEVEN W. Street Address (P.O. Box Number is Not Acceptable) 7805 S.W. SIXTH COURT GATEHOUSE ROAD City PLANTATION FL Zip Code 33324	
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FIRESTONE, BERTRAM R 33525 NEWSTEAD LANE UPPERVILLE, VA 20185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FIRESTONE, DIANA J 33525 NEWSTEAD LANE UPPERVILLE, VA 20185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLBERT, NANCY C 33525 NEWSTEAD LANE UPPERVILLE, VA 20185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PAPPALARDO, RICHARD F 33525 NEWSTEAD LANE UPPERVILLE, VA 20185 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, MATTHEW K P.O. BOX 219 UPPERVILLE, VA 20185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRESTONE, ALISON G P.O. BOX 219 UPPERVILLE, VA 20185 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard F. Pappalardo *VP-Fin* 2/10/05 (540) 592 3636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard F. Pappalardo, Vice President-Finance