

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90026 006 \*\*\*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

40000130



01222008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**54-1655028**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

DEUTSCH, STEVEN W  
7805 SW COURT  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	FIRESTONE, BERTRAM R
STREET ADDRESS	33525 NEWSTEAD LANE
CITY-ST-ZIP	UPPERVILLE, VA 20185
TITLE	VD
NAME	FIRESTONE, DIANA J
STREET ADDRESS	33525 NEWSTEAD LANE
CITY-ST-ZIP	UPPERVILLE, VA 20185
TITLE	S
NAME	COLBERT, NANCY C
STREET ADDRESS	33525 NEWSTEAD LANE
CITY-ST-ZIP	UPPERVILLE, VA 20185
TITLE	VTD
NAME	PAPPALARDO, RICHARD F
STREET ADDRESS	33525 NEWSTEAD LANE
CITY-ST-ZIP	UPPERVILLE, VA 20185
TITLE	Vice President
NAME	ROBITAILLE, ALISON F.
STREET ADDRESS	33525 Newstead Lane
CITY-ST-ZIP	Upperville, VA 20185
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Vice President - Finance

**3/21/08 (540) 592 3636**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #