

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90111 034 \*\*\*150.00

**DOCUMENT # F94000000526**

1. Entity Name

**CARMAX AUTO SUPERSTORES, INC.**



Principal Place of Business  
**4900 COX RD**  
**GLEN ALLEN VA 23060**  
**US**

Mailing Address  
**9950 MAYLAND DR**  
**TAX DEPARTMENT**  
**RICHMOND VA 23233**  
**US**

2. Principal Place of Business

3. Mailing Address

**4900 Cox Road**

Suite, Apt. #, etc.

**Tax Department**

City & State

**Glen Allen, VA**

Zip

**23060**

Country

**US**

City & State

**Glen Allen, VA**

Zip

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Zip

**23060**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **54-0649949**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO</b> <b>MCCOLLOUGH, W ALAN</b> <b>9950 MAYLAND DR</b> <b>RICHMOND VA 23233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LIGON, W. AUSTIN</b> <b>9950 MAYLAND DR.</b> <b>RICHMOND VA 23233</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>O'NEIL, MARK F.</b> <b>9950 MAYLAND DR</b> <b>RICHMOND VA 23233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPSD</b> <b>CHALIFOUX, MICHAEL T</b> <b>9950 MAYLAND DR</b> <b>RICHMOND VA 23233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TASD</b> <b>DUNN, PHILIP J</b> <b>9950 MAYLAND DR</b> <b>RICHMOND VA 23233</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCAD</b> <b>KEITH D BROWNING</b> <b>9950 MAYLAND DR</b> <b>RICHMOND VA 23233</b>	<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	<b>Chairman, CEO &amp; President</b> <b>Ligon, W. Austin</b> <b>4900 Cox Road</b> <b>Glen Allen, VA 23060</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO &amp; Executive Vice President</b> <b>Browning, Keith D.</b> <b>4900 Cox Road</b> <b>Glen Allen, VA 23060</b>	<input checked="" 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:

**SIGNATURE REQUIRED**  
**Signature and typed or printed name of signing officer or director**

Date

Daytime Phone #

CR2E034 (10/02)

90084967

Business Address for above:  
4900 Cox Road, Glen Allen, VA 23060