Edgar Filing: WEAVER JOHN M - Form 4

WEAVER J	OHN M											
Form 4												
March 04, 20												
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION									PROVAL			
. •	UNITE	D STATES					NGE CO	DMMISSION	OMB	3235-0287		
Check the	is box		was	shington,	D.C. 20:	549			Number: Expires:	January 31,		
if no long	ter.	MENT O	E CUAN	CES IN	ES IN BENEFICIAL OWNERSHIP OF					2005		
subject to)		F CHAN			UA		LKSHIF OF	Estimated average			
Section 1 Form 4 o				SECUR	ECURITIES					burden hours per		
Form 5		ursuant to	Section 1	6(a) of the	- Securiti	ies Fr	vchange	Act of 1934,	response	0.5		
obligation	ns Section 1						•	935 or Section	h			
may cont	inue.			vestment	•	- ·			L			
See Instru 1(b).	iction	50(11)	, or the m	vestment	compun	<i>y</i> 1100	. 01 17 10					
1(0).												
(Print or Type I	Responses)											
1. Name and A	ddress of Reporti	ng Person *	2 Issuer	· Name and	Ticker or '	Tradin	σ 5	. Relationship of I	Reporting Pers	son(s) to		
WEAVER JOHN M Symbol CAPIT				2. Ibsuer Flame und Frener er Frading				Issuer				
								(Check all applicable)				
												(Last)
			n/Dav/Year) -			XOfficer (give titleOther (specify						
8270 GREENSBORO 03/03/20				- r			b	below) below) Sr. V. President-GC				
DRIVE, SU	ITE 950							51. 4.	Tresident Ge			
(Street) 4. If			4. If Ame	. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check				
								Applicable Line)				
``````````````````````````````````````									filed by One Reporting Person			
MCLEAN,	VA 22102						P	Form filed by M erson	ore than One Re	porting		
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securi	ties Acqui	red, Disposed of,	or Beneficial	lv Owned		
1.Title of	2. Transaction D	ate 2A Dee		3.			-	5. Amount of	6.	7. Nature of		
Security	(Month/Day/Yea		on Date, if	Transactio				Securities	0. Ownership	Indirect		
(Instr. 3)	`` <b>`</b>	any	,	Code	(Instr. 3, 4			Beneficially	Form:	Beneficial		
		(Month/	Day/Year)	(Instr. 8)				Owned	Direct (D)	Ownership		
								Following Reported	or Indirect (I)	(Instr. 4)		
						(A)		Transaction(s)	(I) (Instr. 4)			
				Code V	Amount	or (D)	Price	(Instr. 3 and 4)	· · · ·			
Common				Coue v	Amount	(D)	Frice					
Shares of							\$					
Beneficial	03/03/2005			S	15,000	D	ф 33.978	76,893 <u>(1)</u>	D			
Interest							22.970					

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transactio Code (Instr. 8)	5. onNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	7. Titl Amou Under Secur (Instr.	int of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Owne Follo Repo Trans (Instr
				Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

## **Reporting Owners**

Reporting Owner Name / Address	Relationships						
	Director	10% Owner	Officer	Other			
WEAVER JOHN M 8270 GREENSBORO DRIVE SUITE 950 MCLEAN, VA 22102			Sr. V. President-GC				
Signatures							
/s/ John M. 03 Weaver 03	/04/2005						

<u>**</u>Signature of Reporting Person Date

## **Explanation of Responses:**

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) Of these shares, 52,442 represent restricted shares. The Reporting Person does not have voting or dispositive power with respect to the restricted shares. However, the Reporting Person receives dividend equivalents with respect to the restricted shares.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.