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Form 4	SON STEVEN	D									
March 02, 20 FORM Check thi if no long subject to Section 10 Form 4 or Form 5 obligation may conti <i>See</i> Instru 1(b).	4 UNITE s box er STATE 6. Filed p section 1	EMENT Of pursuant to S 7(a) of the	Was F CHAN Section 10 Public Ut	Shington, GES IN I SECUR	D.C. 205 BENEFI ITIES e Securiti ling Com	549 CIAI es Ex pany	L OW tchang Act o	COMMISSION NERSHIP OF ge Act of 1934, f 1935 or Sectio 40	OMB Number: Expires: Estimated burden hou response	urs per	
(Print or Type R	lesponses)										
FREDRICKSON STEVEN D Sy PC			Symbol PORTF	Name and OLIO RE IATES IN	COVER	Y	g	5. Relationship of Reporting Person(s) to Issuer (Check all applicable)			
(Last) 120 CORPO 100	(First)	(Middle) , SUITE	3. Date of (Month/D 02/26/20	-	ansaction			X Director X Officer (give below) Presider		% Owner ner (specify man	
NORFOLK,	(Street) VA 23502			ndment, Da th/Day/Year)	-			6. Individual or Jo Applicable Line) _X_ Form filed by M Form filed by M Person		erson	
(City)	(State)	(Zip)	Tabl	e I - Non-D	erivative S	Securit	ties Acc	uired, Disposed o	f. or Beneficia	llv Owned	
1.Title of Security (Instr. 3)	2. Transaction D (Month/Day/Yea	ar) Executio any	ned n Date, if	3. Transactio	4. Securition(A) or Dis (D)	ies Aco sposed	quired of	5. Amount of Securities Beneficially Owned	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of	
Common Stock	02/26/2010			J <u>(1)</u>	11,630	D	\$0	148,487	D		
Common Stock	02/26/2010			J <u>(1)</u>	11,630	A	\$ 0	63,477	I (2)	See Footnotes (1) and (2)	
Common Stock	02/26/2010			J <u>(3)</u>	7,064	D	\$0	56,413	I (2) (3)	See Footnotes (2) and (3)	
Common Stock	02/26/2010			J <u>(3)</u>	7,064	А	\$0	63,477	I (2) (3)	See Footnotes	

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(2) and (3)

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

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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)	4. Transacti Code (Instr. 8)	5. orNumber 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 Secu 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							
1	Director	10% Owner	Officer	Other				
FREDRICKSON STEVEN D 120 CORPORATE BLVD SUITE 100 NORFOLK, VA 23502	Х		President, CEO, Chairman					
0!								

Signatures

Person

/s/ Steven D. Fredrickson 03/02/2010

**Signature of Reporting

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) Transfer by reporting person of 11,630 shares to a Grantor Retained Annuity Trust under section 2702 of the Internal Revenue Code, of which the reporting person is the Trustee.
- (2) The reporting person disclaims beneficial ownership of these shares, except to the extent of his pecuniary interest therein.

(3)

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This transaction results from the annual distribution by one of the GRATs established by the reporting person for the benefit of his children ("Transferring GRAT"). The transaction involved the transfer of the beneficial ownership of shares from the Transferring GRAT to the reporting person as Trustee, for the sole purpose of funding another GRAT ("Receiving GRAT") established by the reporting person for the same purpose, with respect to both of which the reporting person is the Trustee. The transfer by the reporting person as Trustee, from the Transferring GRAT to the Receiving GRAT did not change the number of shares beneficially owned by the reporting person. For federal income tax purposes, all activity of the GRATS is taxed to the reporting person.

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.