FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washingte

Washington, D.C. 20049	OMB APPE	ROVAL
STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP	OMB Number:	3235

3235-0287 OMB Number: Estimated average burden hours per response: 0.5

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person* RITTER ROBERT T								and Tic		radin	ıg S	ymbol		eck all app Direc		g Pers	on(s) to Iss 10% Ov Other (s	vner		
(Last) 1801 BA P.O. BO	YBERRY (,	(Middle)								below)	,,,,								
					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year) 6. Individual or Joint/Grou								Joint/Group	Filing	(Check App	plicable			
(Street)	OND V	A	23226			X Form filed by One Reporting Person Form filed by More than One Reporti														
(City)	(S	tate)	(Zip)													Perso	on			
		Tab	le I - Nor	า-Deriv	ative	Se	curit	ies Ac	quire	d, D	isp	osed o	f, or	Ben	eficial	ly Owne	d			
		2. Transaction Date (Month/Day/Year)		ar) i	2A. Deemed Execution Date, if any (Month/Day/Year)		Code (I							Benefic	es	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	: Direct r Indirect	7. Nature of Indirect Beneficial Ownership		
									Cod	e v	,	Amount		(A) or (D)	Price		ed ction(s) s and 4)		(Instr. 4)	
Common Stock			06/29	06/29/2005				М			20,000)	A	\$26.9)4 27	,945 ⁽¹⁾		D		
Common	Stock			06/29)/2005	5			М			9,696		A	\$20.0	5 37	37,641 ⁽¹⁾ D		D	
Common	Stock			06/29)/2005	5			М			612		A	\$19.0	9 38	,253(1)	253 ⁽¹⁾ D		
Common	Stock			06/29)/2005	5			F			7,836		D	\$36.3	30	,417(1)	D		
Common	Stock			06/29)/2005	5			F			3,152		D	\$36.3	31 27	,265(1)	D		
Common	Stock															4,2	1.7531	1 I 401(k) Plan		
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 I if any (Month/Day	Date, 1	4. Transaction Code (Instr. 8)		of Deri Seci Acq (A) o Disp of (E	umber vative urities uired or oosed o) (Instr. and 5)	6. Date Exercisa Expiration Date (Month/Day/Yea				7. Title and Am of Securities Underlying Derivative Secu (Instr. 3 and 4)		s Security	8. Price o Derivative Security (Instr. 5)		e s Illy	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)
				C	Code	v	(A)	(D)	Date Exercis	sable		xpiration ate	Title		Amount or Number of Shares					
Employee Stock Option	\$26.94	06/29/2005			M			20,000	(2)		0	7/08/2005		imon	20,000	(3)	185,30)8	D	

9,696

612

(4)

(4)

Explanation of Responses:

\$20.05

\$19.09

- 1. Includes Employee Stock Purchase Plan shares.
- 2. The option vested in three installments as follows: 6,667 shares on July 8, 2000, 6,667 shares on July 8, 2001 and 6,666 shares on July 8, 2002.

M

M

- 3. Not applicable.
- 4. The option vested in three equal installments on July 8, 2000, 2001 and 2002.

06/29/2005

06/29/2005

Remarks:

(Right to Buy)

Employee Stock Option (Right to

Buy) Employee Stock

Option

(Right to Buy)

> /s/ Elizabeth C. Restivo Elizabeth C. Restivo, Attorney- 07/01/2005 In-Fact

** Signature of Reporting Person Date

Common Stock

Common

Stock

Commor

Stock

9,696

612

(3)

(3)

175,612

175,000

D

D

07/08/2005

07/08/2005

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

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

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

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 Number.