BERKSHIRE HATHAWAY INC Form SC 13G/A February 14, 2005

SECURITIES AND EXCHANGE COMMISSION

Washington, DC 20549

SCHEDULE 13G

(Rule 13d-102)

INFORMATION TO BE INCLUDED IN STATEMENTS FILED PURSUANT TO RULES 13d-1(b), (c) AND (d) AND AMENDMENTS THERETO FILED PURSUANT TO RULE 13d-2(b)

(Amendment No. 1)*

| TXU CORP. |
|------------------|
| (Name of Issuer) |
| |

(Title of Class of Securities)

COMMON STOCK

| 873168108 | |
|----------------|--|
| (CUSIP Number) | |

December 31, 2004

| (Date of Event Which Requires Filing of this Statement) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Check the appropriate box to designate the rule pursuant to which this Schedule is filed: | |
| x Rule 13d-1(b) | |
| "Rule 13d-1(c) | |
| "Rule 13d-1(d) | |
| * The remainder of this cover page shall be filled out for a reporting person s initial filing on this form with respect to the subject class of securities, and for any subsequent amendment containing information which would alter disclosures provided in a prior cover page. | |
| The information required on the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities | |

The information required on the remainder of this cover page shall not be deemed to be filed for the purpose of Section 18 of the Securities Exchange Act of 1934 (the Act) or otherwise subject to the liabilities of that section of the Act but shall be subject to all other provisions of the Act (however, see the Notes.)

1 NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Warren E. Buffett

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

United States Citizen

5 SOLE VOTING POWER

NUMBER OF

SHARES 0

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

0

PERSON 8 SHARED DISPOSITIVE POWER

WITH

0

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

(

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

IN, HC

Page 2 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Berkshire Hathaway Inc. 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH

09 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

HC, CO

Page 3 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON OBH, Inc. 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Delaware 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

HC, CO

Page 4 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON **National Indemnity Company** 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

IC, HC

Page 5 of 25 Pages

1 NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

GEICO Corporation

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Delaware

5 SOLE VOTING POWER

NUMBER OF

SHARES 0

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

EACH

PERSON O CHARE

8 SHARED DISPOSITIVE POWER

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

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10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

HC, CO

Page 6 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Government Employees Insurance Company 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Maryland 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable

WITH

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

IC, CO

Page 7 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Berkshire Hathaway Life Insurance of Nebraska 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

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10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable.

WITH

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

IC, HC

Page 8 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Cornhusker Casualty Company 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Nebraska 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH**

PERSON 8 SHARED DISPOSITIVE POWER

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

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10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

IC, CO

Page 9 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Benjamin Moore Pension 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of New Jersey 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 10 of 25 Pages

NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

The Buffalo News Office Pension Plan
2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of New York

5 SOLE VOTING POWER

NUMBER OF

SHARES 0

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

EACH

PERSON 0 SHAPEI

8 SHARED DISPOSITIVE POWER

WITH

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9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

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10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 11 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON The Buffalo News Editorial Pension Plan 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of New York 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

EP

Page 12 of 25 Pages

1 NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

FlightSafety International Inc. Retirement Income Plan

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of New York

5 SOLE VOTING POWER

NUMBER OF

SHARES 0

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

EACH

PERSON 9 SHAPEI

8 SHARED DISPOSITIVE POWER

WITH

0

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

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10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 13 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Fruit of the Loom Pension Trust 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Kentucky 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 14 of 25 Pages

1 NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

GEICO Corporation Pension Plan Trust

2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Maryland

5 SOLE VOTING POWER

NUMBER OF

SHARES (SHARES

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

EACH

PERSON 0 SHAPEI

8 SHARED DISPOSITIVE POWER

WITH

0

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 15 of 25 Pages

1 NAME OF REPORTING PERSON

I.R.S. IDENTIFICATION NO. OF ABOVE PERSON

Johns Manville Corporation Master Pension Trust 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP*

(a) x

(b) "

3 SEC USE ONLY

4 CITIZENSHIP OR PLACE OF ORGANIZATION

State of Colorado

5 SOLE VOTING POWER

NUMBER OF

SHARES 0

6 SHARED VOTING POWER

BENEFICIALLY

OWNED BY

0

7 SOLE DISPOSITIVE POWER

REPORTING

EACH

0

PERSON 8 SHARED DISPOSITIVE POWER

WITH

0

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

(

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

EP

Page 16 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Justin Brands, Inc. Union Pension Plan & Justin Brands, Inc. Pension Plan & Trust 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON 10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

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Page 17 of 25 Pages

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Acme Brick Company Pension Trust 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Texas 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER BENEFICIALLY OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0 9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

EP

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CUSIP No. 873168108

1 NAME OF REPORTING PERSON I.R.S. IDENTIFICATION NO. OF ABOVE PERSON Scott Fetzer Company Collective Investment Trust 2 CHECK THE APPROPRIATE BOX IF A MEMBER OF A GROUP* (a) x (b) " 3 SEC USE ONLY 4 CITIZENSHIP OR PLACE OF ORGANIZATION State of Ohio 5 SOLE VOTING POWER NUMBER OF 0 **SHARES** 6 SHARED VOTING POWER **BENEFICIALLY** OWNED BY 0 7 SOLE DISPOSITIVE POWER **EACH** REPORTING **PERSON** 8 SHARED DISPOSITIVE POWER WITH 0

9 AGGREGATE AMOUNT BENEFICIALLY OWNED BY EACH REPORTING PERSON

0
10 CHECK BOX IF THE AGGREGATE AMOUNT IN ROW (9) EXCLUDES CERTAIN SHARES*

Not applicable

11 PERCENT OF CLASS REPRESENTED BY AMOUNT IN ROW 9

0
12 TYPE OF REPORTING PERSON*

EP

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SCHEDULE 13G

This Schedule 13G is filed by the Reporting Persons solely to report their beneficial ownership of shares of common stock of TXU Corp. that are issuable upon the exchange of TXU Energy Company LLC exchangeable subordinated notes due 2012 held by certain of the Reporting Persons.

| Item 1. | (a) | Name of Issuer |
|---------|------------|-------------------------------------------------|
| | | TXU CORP. |
| (| (b) | Address of Issuer s Principal Executive Offices |
| | | Energy Plaza |
| | | 1601 Bryan Street |
| | | Dallas, TX 75201-3411 |
| Item 2 | (a). | Name of Person Filing: |
| Item 2 | (b). | Address of Principal Business Office: |
| Item 2 | (c). | Citizenship: |
| | | |
| | | Warren E. Buffett |
| | | 1440 Kiewit Plaza |
| | | Omaha, Nebraska 68131 |
| | | United States Citizen |
| | | |
| | | Berkshire Hathaway Inc. |
| | | 1440 Kiewit Plaza |
| | | Omaha, Nebraska 68131 |
| | | Delaware |
| | | |
| | | OBH, Inc. |
| | | 1440 Kiewit Plaza |
| | | Omaha, Nebraska 68131 |

Delaware

| National Indemnity Company | | | | |
|----------------------------------------|--|--|--|--|
| 3024 Harney Street | | | | |
| Omaha, Nebraska 68131 | | | | |
| Nebraska | | | | |
| | | | | |
| GEICO Corporation | | | | |
| 1 Geico Plaza | | | | |
| Washington, D.C. 20076 | | | | |
| Delaware | | | | |
| | | | | |
| Government Employees Insurance Company | | | | |
| 1 Geico Plaza | | | | |
| Washington, D.C. 20076 | | | | |
| Maryland | | | | |
| | | | | |
| Berkshire Life Insurance of Nebraska | | | | |
| 3024 Harney Street | | | | |
| Omaha, Nebraska 68131 | | | | |
| Nebraska | | | | |
| | | | | |
| Cornhusker Casualty Company | | | | |
| 3024 Harney Street | | | | |
| Omaha, Nebraska 68131 | | | | |
| Nebraska | | | | |
| | | | | |
| Benjamin Moore Pension | | | | |
| c/o Benjamin Moore | | | | |

51 Chestnut Ridge Road

Montvale, New Jersey 07645

New Jersey

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The Buffalo News Office Pension Plan

Washington, D.C. 20076

| The Bullato News Office Pension Plan |
|--------------------------------------------------------|
| c/o The Buffalo News |
| One News Plaza |
| Buffalo, New York 14240 |
| New York |
| |
| The Buffalo News Editorial Pension Plan |
| c/o The Buffalo News |
| One News Plaza |
| Buffalo, New York 14240 |
| New York |
| |
| FlightSafety International Inc. Retirement Income Plan |
| c/o FlightSafety International Inc. |
| LaGuardia Airport |
| Flushing, New York 11371 |
| New York |
| |
| Fruit of the Loom Pension Trust |
| c/o Fruit of the Loom |
| 1 Fruit of the Loom Drive |
| Bowling Green, Kentucky 42102 |
| Kentucky |
| |
| GEICO Corporation Pension Plan Trust |
| c/o GEICO Corporation |
| 1 Geico Plaza |
| |

| Johns Manville Corporation Master Pension Trust | | | | |
|-----------------------------------------------------------------------------------|--|--|--|--|
| c/o Johns Manville Corporation | | | | |
| 717 17 th Street | | | | |
| Denver, Colorado 80202 | | | | |
| Colorado | | | | |
| | | | | |
| Justin Brands, Inc. Union Pension Plan & Justin Brands, Inc. Pension Plan & Trust | | | | |
| c/o Justin Brands, Inc. | | | | |
| 610 West Daggett | | | | |
| Fort Worth, Texas 76104 | | | | |
| Texas | | | | |
| | | | | |
| Acme Brick Company Pension Trust | | | | |
| c/o Acme Building Brands | | | | |
| 2821 West 7 th Street | | | | |
| Fort Worth, Texas 76107 | | | | |
| Texas | | | | |
| | | | | |
| Scott Fetzer Company Collective Investment Trust | | | | |
| c/o Scott Fetzer Companies | | | | |
| 28800 Clemens Road | | | | |
| Westlake, Ohio 44145 | | | | |
| Ohio | | | | |

(d) Title of Class of Securities

Maryland

Common Stock

(e) CUSIP Number

873168108

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Item 3. If this statement is filed pursuant to Rule 13d-1(b), or 13d-2(b) or (c), check whether the person filing is a:

Warren E. Buffett (an individual who may be deemed to control Berkshire Hathaway Inc.), Berkshire Hathaway Inc., OBH, Inc., National Indemnity Company, GEICO Corporation and Berkshire Hathaway Life Insurance of Nebraska are each a Parent Holding Company or Control Person, in accordance with Rule 13d-1(b)(1)(ii)(G) (Note: See Item 7).

Cornhusker Casualty Company and Government Employees Insurance Company are each an Insurance Company as defined in section 3(a)(19) of the Act.

Benjamin Moore Pension, The Buffalo News Office Pension Plan, The Buffalo News Editorial Pension Plan, FlightSafety International Inc. Retirement Income Plan, Fruit of the Loom Pension Trust, GEICO Corporation Pension Plan Trust, Johns Manville Corporation Master Pension Trust, Justin Brands, Inc. Union Pension Plan & Justin Brands, Inc. Pension Plan & Trust, Acme Brick Company Pension Trust and Scott Fetzer Company Collective Investment Trust are each an Employee Benefit Plan in accordance with Rule 13d-1(b)(1)(ii)(F).

The Reporting Persons together are a Group in accordance with Rule 13d-1(b)(1)(ii)(J).

Item 4. Ownership

If the percent of the class owned, as of December 31 of the year covered by the statement, or as of the last day of any month described in Rule 13d-1(b)(2), if applicable, exceeds five percent, provide the following information as of that date and identify those shares which there is a right to acquire.

(a) Amount beneficially Owned

See the Cover Pages for each of the Reporting Persons.

(b) Percent of Class

See the Cover Pages for each of the Reporting Persons.

(c) Number of shares as to which such person has:

- (i) sole power to vote or to direct the vote
- (ii) shared power to vote or to direct the vote
- (iii) sole power to dispose or to direct the disposition of
- (iv) shared power to dispose or to direct the disposition of

See the Cover Pages for each of the Reporting Persons.

Item 5. Ownership of Five Percent or Less of a Class.

If this statement is being filed to report the fact that as of the date hereof the reporting person has ceased to be the beneficial owner of more than five percent of the class of Securities, check the following x.

Item 6. Ownership of More than Five Percent on Behalf of Another Person.

Not Applicable.

Item 7. Identification and Classification of the Subsidiary Which Acquired the Security Being Reported on By the Parent Holding Company or Control Person.

See Exhibit A.

Item 8. Identification and Classification of Members of the Group.

See Exhibit A.

Item 9. Notice of Dissolution of Group.

Not Applicable.

Item 10. Certification.

By signing below I certify that, to the best of my knowledge and belief, the securities referred to above were acquired and are held in the ordinary course of business and were not acquired and are not held for the purpose of or with the effect of changing or influencing the control of the issuer of the securities and were not acquired and are not held in connection with or as a participant in any transaction having that purpose or effect.

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SIGNATURES

After reasonable inquiry and to the best of my knowledge and belief, I certify that the information set forth in this statement is true, complete and correct.

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

Warren E. Buffett

BERKSHIRE HATHAWAY INC.

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

By: Warren E. Buffett Title: Chairman of the Board

OBH, INC.

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

By: Warren E. Buffett Title: Chairman of the Board

NATIONAL INDEMNITY COMPANY

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

By: Warren E. Buffett Title: Chairman of the Board

GEICO CORPORATION

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

By: Warren E. Buffett Title: Chairman of the Board

GOVERNMENT EMPLOYEES INSURANCE COMPANY

Dated: February 14, 2005 /S/ WARREN E. BUFFETT

By: Warren E. Buffett Title: Chairman of the Board

BERKSHIRE HATHAWAY LIFE INSURANCE OF NEBRASKA

Dated: February 14, 2005 /S/ MARC D. HAMBURG

By: Marc D. Hamburg Title: Treasurer

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| | CORNHUSKER CASUALTY COMPANY |
|--------------------------|-------------------------------------------------------------------------------------|
| Dated: February 14, 2005 | /S/ RODNEY ELDRED |
| | By: Rodney Eldred Title: President and Chief Executive Officer |
| | BENJAMIN MOORE PENSION |
| Dated: February 14, 2005 | /S/ YVAN DUPUY |
| | By: Yvan Dupuy Title: President and Chief Executive Officer, Benjamin Moore |
| | THE BUFFALO NEWS OFFICE PENSION PLAN |
| Dated: February 14, 2005 | /S/ STANFORD LIPSEY |
| | By: Stanford Lipsey Title: President and Chief Executive Officer, The Buffalo News |
| | THE BUFFALO NEWS EDITORIAL PENSION PLAN |
| Dated: February 14, 2005 | /S/ STANFORD LIPSEY |
| | By: Stanford Lipsey Title: President and Chief Executive Officer, The Buffalo News |
| | FLIGHTSAFETY INTERNATIONAL INC. RETIREMENT INCOME PLAN |
| Dated: February 14, 2005 | /S/ AL UELTSCHI |
| | By: Al Ueltschi Title: President and Chief Executive Officer, |
| | FlightSafety International, Inc. |
| | FRUIT OF THE LOOM PENSION TRUST |
| Dated: February 14, 2005 | /S/ JOHN HOLLAND |
| | By: John Holland Title: President and Chief Executive Officer, Fruit of the Loom |
| | GEICO CORPORATION PENSION PLAN TRUST |
| Dated: February 14, 2005 | /S/ LOU SIMPSON |
| | By: Lou Simpson Title: President and Chief Executive Officer, GEICO Corporation |

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| | JOHNS MANVILLE CORPORATION MASTER PENSION TRUST |
|--------------------------|------------------------------------------------------------------------------------------|
| Dated: February 14, 2005 | /S/ JERRY HENRY |
| | By: Jerry Henry Title: President and Chief Executive Officer, Johns Manville Corporation |
| | JUSTIN BRANDS, INC. UNION PENSION PLAN & JUSTIN BRANDS, INC. PENSION PLAN & TRUST |
| Dated: February 14, 2005 | /S/ RANDY WATSON |
| | By: Randy Watson Title: President and Chief Executive Officer, Justin Brands, Inc. |
| | ACME BRICK COMPANY PENSION TRUST |
| Dated: February 14, 2005 | /S/ HAROLD MELTON |
| | By: Harold Melton Title: President and Chief Executive Officer, |
| | Acme Building Brands |
| | SCOTT FETZER COMPANY COLLECTIVE INVESTMENT TRUST |
| Dated: February 14, 2005 | /S/ KEN SEMELSBERGE |
| | By: Ken Semelsberge Title: President and Chief Executive Officer, |
| | Scott Fetzer Companies |

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