

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 688884 (6)

1. Corporation Name

COMMERCE CENTER DEVELOPMENT CORP.



Principal Place of Business

8401 CONNECTICUT AVE
ATTN: KIM BRANDON
CHEVY CHASE MD 20815

Mailing Address

8401 CONNECTICUT AVE
ATTN: KIM BRANDON
CHEVY CHASE MD 20815

3. Date Incorporated or Qualified
09/24/1980

3a. Date of Last Report
03/08/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

52-1218501

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VD
HEASLEY, ROSS E.
STREET ADDRESS
8401 CONNECTICUT AVE.
CITY-ST-ZIP
CHEVY CHASE, MD 0

TITLE ☐ DELETE

NAME
C
SAUL II, B FRANCIS
STREET ADDRESS
8401 CONNECTICUT AVE
CITY-ST-ZIP
CHEVY CHASE, MD 0

TITLE ☐ DELETE

NAME
Y
ALBRIGHT, WILLIAM K.
STREET ADDRESS
12727 ELDRID PL
CITY-ST-ZIP
SILVER SPRING MD

TITLE ☐ DELETE

NAME
PD
CARACI, PHILIP
STREET ADDRESS
8401 CONNECTICUT AVE
CITY-ST-ZIP
CHEVY CHASE, MD 0

TITLE ☐ DELETE

NAME
D
CLARK, PATRICIA
STREET ADDRESS
8401 CONNECTICUT AVE
CITY-ST-ZIP
CHEVY CHASE, MD 0

TITLE ☐ DELETE

NAME
AS
BRANDON, KIMBERLEY J.
STREET ADDRESS
8401 CONNECTICUT AVE
CITY-ST-ZIP
CHEVY CHASE, MD 00000

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)