2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826413

Entity Name: B.F. SAUL COMPANY

FILED Mar 12, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814			7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US			
Current Mailing Address:				New Mailing Address:		
7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814			7501 WINSCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US			
FEI Number: 53-0140155 FEI Number Applied For () FEI Num			nber Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,						
in the State of Florida.						
SIGNATURE: Electronic Signature of Registered Agent Date						 Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:						
Title: Name: Address: City-St-Zip:	SAUL, FRANCIS	N AVENUE SUITE 1500		Title: Name: Address: City-St-Zip:	В.,	Change()Addition IN AVENUE SUITE 1500 20814 US
Title: Name: Address: City-St-Zip:	WHITMORE, JOH	N AVENUE- SUITE 1500		Title: Name: Address: City-St-Zip:	HEASLEY, ROS	IN AVENUE-SUITE 1500
Title: Name: Address: City-St-Zip:	SVP () C CARRIER, MARK 7501 WISCONSII BETHESDA, MD	G N AVENUE- SUITE 1500		Title: Name: Address: City-St-Zip:	SHOOP, KENNE	IN AVENUE, SUITE 1500
Title: Name: Address: City-St-Zip:	AVPS (X) E PARKER, JESSIG 7501 WISCONSII BETHESDA, MD	CA L N AVENUE - SUITE 1500		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	HEASLEY, ROSS	N AVENUE-SUITE 1500		Title: Name: Address: City-St-Zip:	()	Change ()Addition
Title: Name: Address: City-St-Zip:	CONNORS, PATE	N AVENUE - SUITE 1500		Title: Name: Address: City-St-Zip:	()	Change()Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSS E HEASLEY V 03/12/2007