

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 826413

Entity Name: B.F. SAUL COMPANY

FILED  
Jan 14, 2009  
Secretary of State

**Current Principal Place of Business:**

7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA, MD 20814 US

**New Principal Place of Business:**

**Current Mailing Address:**

7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA, MD 20814 US

**New Mailing Address:**

FEI Number: 53-0140155      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SAUL, B. F III  
Address: 7501 WISCONSIN AVENUE SUITE 1500  
City-St-Zip: BETHESDA, MD 20814 US

Title: V ( ) Delete  
Name: HEASLEY, ROSS E  
Address: 7501 WISCONSIN AVENUE-SUITE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

Title: T ( ) Delete  
Name: SHOOP, KENNETH  
Address: 7501 WISCONSIN AVENUE, SUITE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. HEASELY

VP

01/14/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date