

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90222 008 \*\*\*150.00

**DOCUMENT # 833991**

1. Entity Name  
**B.F. SAUL PROPERTY COMPANY**

Principal Place of Business <b>ATTN: KIMBERLEY J BRANDON</b> <b>8401 CONNECTICUT AVENUE</b> <b>CHEVY CHASE MD 20815-5895</b>	Mailing Address <b>ATTN: KIMBERLEY J BRANDON</b> <b>8401 CONNECTICUT AVENUE</b> <b>CHEVY CHASE MD 20815-5895</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>7501 Wisconsin Avenue</b>	3. Mailing Address <b>7501 Wisconsin Avenue</b>
Suite, Apt. #, etc. <b>Suite 1500</b>	Suite, Apt. #, etc. <b>Suite 1500</b>
City & State <b>Bethesda MD</b>	City & State <b>Bethesda MD</b>

4. FEI Number <b>52-1006075</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>20814-6522</b>	Country <b>USA</b>	Zip <b>20814-6522</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>CLARK, PATRICIA</b> <b>8401 CONNECTICUT AVENUE</b> <b>CHEVY CHASE MD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CARACI, PHILIP D (SNR-V)</b> <b>8401 CONNECTICUT AVENUE</b> <b>CHEVY CHASE MD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HEASLEY, ROSS E.</b> <b>8401 CONNECTICUT AVE</b> <b>CHEVY CHASE MD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>ALBRIGHT, WILLIAM K</b> <b>8401 CONNECTICUT AVE</b> <b>CHEVY CHASE MD</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>BRANDON, KIMBERLEY J</b> <b>8401 CONNECTICUT AVE</b> <b>CHEVY CHASE MD</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7501 Wisconsin Avenue, Suite 1500</b> <b>Bethesda MD 20814-6522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>CB</b> <b>7501 Wisconsin Avenue Suite 1500</b> <b>Bethesda MD 20814-6522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7501 Wisconsin Avenue, Suite 1500</b> <b>Bethesda MD 20814-6522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VT</b> <b>Tzamaras, Bill D</b> <b>7501 Wisconsin Avenue, Suite 1500</b> <b>Bethesda MD 20814-6522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Anderson, Kinberly</b> <b>7501 Wisconsin Avenue, Suite 1500</b> <b>Bethesda MD 20814-6522</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>AT</b> <b>Gault, Deborah D</b> <b>7501 Wisconsin Avenue, Suite 1500</b> <b>Bethesda MD 20814-6522</b>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kimberley J Brandon*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 (301)986-6256  
 Date Daytime Phone #

CR2E034 (9/01)