

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833991

FILED
Jul 03, 2006
Secretary of State

Entity Name: B.F. SAUL PROPERTY COMPANY

Current Principal Place of Business:

7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA, MD 208146522

New Principal Place of Business:

Current Mailing Address:

7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA, MD 208146522

New Mailing Address:

FEI Number: 52-1006075 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: PARKER, JESSICA L
Address: 7501 WISCONSIN AVENUE , SUITE 1500
City-St-Zip: BETHESDA, MD 208146522

Title: CB () Delete
Name: SAUL, B. FRANCIS III
Address: 7501 WISCONSIN AVENUE , SUITE 1500
City-St-Zip: BETHESDA, MD 208146522

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

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

Title: AS () Delete
Name: ANDERSON, KIMBERELY J
Address: 7501 WISCONSIN AVENUE , SUITE 1500
City-St-Zip: BETHESDA, MD 208146522

Title: AT () Delete
Name: GAULT, DEBORAH D
Address: 7501 WISCONSIN AVENUE , SUITE 1500
City-St-Zip: BETHESDA, MD 208146522

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:

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 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: MARTA LOWE

_____ Electronic Signature of Signing Officer or Director

MS

07/03/2006

_____ Date