


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90070 046 ***150.00

DOCUMENT # 833991

1. Entity Name
B.F. SAUL PROPERTY COMPANY



Principal Place of Business
**7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA MD 20814-6522**

Mailing Address
**7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA MD 20814-6522**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **52-1006075**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	CLARK, PATRICIA	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	
TITLE	CB	<input type="checkbox"/> Delete
NAME	CARACI, PHILIP D (SNR-V)	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEASLEY, ROSS E.	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TZAMARAS, BILL	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BRANDON, KIMBERLEY J	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	
TITLE	AT	<input type="checkbox"/> Delete
NAME	GAULT, DEBORAH D	
STREET ADDRESS	7501 WISCONSIN AVENUE, SUITE 1500	
CITY-ST-ZIP	BETHESDA MD 20814-6522	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Clark* **1-10-2003** **(301) 986-6256**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (10/02)