

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000265

Entity Name: SAUL CENTERS, INC.

FILED  
Apr 21, 2011  
Secretary of State

**Current Principal Place of Business:**

7501 WISCONSIN AVE  
SUITE 1500  
BETHESDA, MD 208146522 US

**New Principal Place of Business:**

**Current Mailing Address:**

7501 WISCONSIN AVE, STE 1500  
LEGAL DEPARTMENT  
BETHESDA, MD 208146522 US

**New Mailing Address:**

FEI Number: 52-1833074      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SAUL, B. FRANCIS III  
Address: 7501 WISCONSIN AVE, STE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

Title: V  
Name: HEASLEY, ROSS E  
Address: 7501 WISCONSIN AVE, STE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

Title: V  
Name: PHILLIPS, LYNN  
Address: 7501 WISCONSIN AVE, STE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

Title: V  
Name: SHERREN, CHARLES W JR.  
Address: 7501 WISCONSIN AVE, STE 1500  
City-St-Zip: BETHESDA, MD 208146522 US

I hereby 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 all other like empowered.

SIGNATURE: ROSS E. HEASLEY

V

04/21/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date