

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State
 04-26-2000 90072 036 ***150.00

DOCUMENT # F93000005778

1. Entity Name
CEI REALTY, INC.

Principal Place of Business 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA MD 20814-6195	Mailing Address 7500 OLD GEORGETOWN ROAD, 15TH FLOOR BETHESDA MD 20814-6133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 52-1720754	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

METZGER, JOHN T. ESQUIRE
C/O GREENBERG, TRAURIG
777 SOUTH FLAGLER DRIVE, SUITE 301-E
WEST PALM BEACH FL 33401

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.

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

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, 2000 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 DC	<input type="checkbox"/> Delete
NAME CLARK, A J	
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE PDT	<input type="checkbox"/> Delete
NAME NUSSDORF, LAWRENCE C	
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE S	<input type="checkbox"/> Delete
NAME PUMPHREY, CONNIE B	
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE V	<input type="checkbox"/> Delete
NAME SEAWRIGHT, STEPHEN D	
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 30814	
TITLE VAS	<input type="checkbox"/> Delete
NAME OWEN, REBECCA L	
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 20-8114	
TITLE VD	<input type="checkbox"/> Delete
NAME FLANAGAN, ROBERT J	
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Klatzkin, Terri D.	
STREET ADDRESS 7500 Old Georgetown Rd	
CITY-ST-ZIP Bethesda, MD 20814	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Seawright, D. Stephen	
STREET ADDRESS	
CITY-ST-ZIP Bethesda, MD 20814	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP Bethesda, MD 20814	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Lawrence C. Nussdorf **4/30/00** **301-657-7157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)