

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90007 043 ***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 20814-6195
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DO NOT WRITE IN THIS SPACE

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

4. FEI Number 52-1720754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

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, 2001 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 DC CLARK, A J	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE NAME PDT NUSSDORF, LAWRENCE C	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE NAME S PUMPHREY, CONNIE B	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE NAME V SEAWRIGHT, STEPHEN D	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE NAME VAS OWEN, REBECCA L	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN RD	
CITY-ST-ZIP BETHESDA MD 20814	
TITLE NAME VD FLANAGAN, ROBERT J	<input type="checkbox"/> Delete
STREET ADDRESS 7500 OLD GEORGETOWN ROAD	
CITY-ST-ZIP BETHESDA MD 20814	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME Klatzkin, Terri D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7500 Old Georgetown Road	
CITY-ST-ZIP Bethesda, MD 20814	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME Seawright, D. stephen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **Lawrence C. Nussdorf** 3/6/01 301-657-7157
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)