

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005778



1. Entity Name
CEI REALTY, INC.

FILED

04 MAY -3 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



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

04272004 Chg-P CR2E034 (10/03)

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	

<p>6. Name and Address of Current Registered Agent</p> <p>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____</p>
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DC NAME: CLARK, A J STREET ADDRESS: 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: <i>V</i> NAME: <i>Klatzkin, Terri D.</i> STREET ADDRESS: <i>7500 Old Georgetown Rd</i> CITY-ST-ZIP: <i>Bethesda, Md 20814</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PDT NAME: NUSSDORF, LAWRENCE C STREET ADDRESS: 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: 400036067184 CITY-ST-ZIP: 05/11/04--01078--015 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PUMPHREY, CONNIE B STREET ADDRESS: 7500 OLD GEORGETOWN RD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: SEAWRIGHT, D. STEPHEN STREET ADDRESS: 7500 OLD GEORGETOWN RD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VAS NAME: OWEN, REBECCA L STREET ADDRESS: 7500 OLD GEORGETOWN RD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: FLANAGAN, ROBERT J STREET ADDRESS: 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP: BETHESDA, MD 20814	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Terri D. Klatzkin* Vice President 4/27/04 301-65
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date