

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688884

Entity Name: COMMERCE CENTER DEVELOPMENT CORP.**Current Principal Place of Business:**7501 WISCONSIN AVENUE
SUITE 1500E
BETHESDA, MD 20814**Current Mailing Address:**7501 WISCONSIN AVENUE, SUITE 1500E
LEGAL DEPARTMENT
BETHESDA, MD 20814 US**FEI Number:** 52-1218501**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	LANSDALE, J. PAGE
Address	7501 WISCONSIN AVENUE SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814
Title	VP, TREASURER, DIRECTOR
Name	FRIEDMAN, JOEL A.
Address	7501 WISCONSIN AVENUE, SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814
Title	ASSISTANT SECRETARY
Name	ANDERSON, KIMBERLEY J
Address	7501 WISCONSIN AVENUE, SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814
Title	VP
Name	CONNORS, PATRICK T.
Address	7501 WISCONSIN AVENUE SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814

Title	VICE PRESIDENT AND ASSISTANT TREASURER
Name	GAULT, DEBORAH D
Address	7501 WISCONSIN AVENUE, SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814
Title	DIRECTOR
Name	PARKER, JESSICA L
Address	7501 WISCONSIN AVENUE - SUITE 1500
City-State-Zip:	BETHESDA MD 20814
Title	SECRETARY
Name	SUSTERSICH, MERLE F.
Address	7501 WISCONSIN AVENUE 1500E
City-State-Zip:	BETHESDA MD 20814
Title	VP
Name	SPAIN, JOHN A.
Address	7501 WISCONSIN AVENUE SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814

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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: MERLE F SUSTERSICH**SECRETARY****03/10/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title	ASSISTANT SECRETARY
Name	SPENCER, AMY E.
Address	7501 WISCONSIN AVENUE SUITE 1500 E
City-State-Zip:	BETHESDA MD 20814