

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004449

Entity Name: SEABREEZE PLAZA LLC

Current Principal Place of Business:

7501 WISCONSIN AVE, STE. 1500E
BETHESDA, MD 20814

Current Mailing Address:

7501 WISCONSIN AVE, STE. 1500E
BETHESDA, MD 20814

FEI Number: 52-1833076

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

Authorized Person(s) Detail :

Title MGR
Name SAUL CENTERS, INC.
Address 7501 WISCONSIN AVE, STE. 1500E
City-State-Zip: BETHESDA MD 20814

Title CEO
Name SAUL II, B. FRANCIS
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title VP, TREASURER, SECRETARY
Name SCHNEIDER, SCOTT V.
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title VP
Name SHERREN, CHARLES W. JR.
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title VP
Name NETTER, CHRISTOPHER H.
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title PRESIDENT
Name LANSDALE, J. PAGE
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title ASST. SECRETARY
Name SUSTERSICH, MERLE F.
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title ASST. SECRETARY
Name ANDERSON, KIMBERLEY J.
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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MERLE F SUSTERSICH

ASSISTANT SECRETARY 02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name OLSHEFSKI, CECILIA
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

Title VP
Name COLLICH, JOHN F
Address 7501 WISCONSIN AVENUE
SUITE 1500 E
City-State-Zip: BETHESDA MD 20814

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

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