

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000000692

Entity Name: 1 SB LESSEE LLC**Current Principal Place of Business:**4747 BETHESDA AVENUE
SUITE 1300
BETHESDA, MD 20814-5584**Current Mailing Address:**4747 BETHESDA AVENUE
SUITE 1300
BETHESDA, MD 20814-5584 US**FEI Number:** 83-3266934**Certificate of Status Desired:** Yes**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 MANAGER, PRESIDENT
Name TYRRELL, NATHAN S
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title MANAGER, VICE PRESIDENT
Name OTTINGER, JOSEPH C.
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title TREASURER
Name BRAND, DEANNE
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title VICE PRESIDENT
Name RIED, W. JUSTIN
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title VICE PRESIDENT
Name LENTZ, MICHAEL ERNEST
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title VP
Name WERBER, JR., FREDERICK CORNEL
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title VICE PRESIDENT
Name KAUFMAN, JEFFREY ANDREW
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

Title VICE PRESIDENT
Name GALLAGHER, KEVIN PATRICK
Address 4747 BETHESDA AVENUE
SUITE 1300
City-State-Zip: BETHESDA MD 20814-5584

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: JOSEPH C. OTTINGER

MANAGER

01/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date