

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90217 045 ***150.00

DOCUMENT # 688884

1. Corporation Name COMMERCE CENTER DEVELOPMENT CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 8401 CONNECTICUT AVE ATTN: KIM BRANDON CHEVY CHASE MD 20815

Mailing Address 8401 CONNECTICUT AVE ATTN: KIM BRANDON CHEVY CHASE MD 20815

3. Date Incorporated or Qualified 09/24/1980

4. FEI Number 52-1218501 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HEASLEY, ROSS E.	
STREET ADDRESS	8401 CONNECTICUT AVE.	
CITY-ST-ZIP	CHEVY CHASE, MD 0	
TITLE	C	<input type="checkbox"/> DELETE
NAME	SAUL II, B FRANCIS	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE, MD 0	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, WILLIAM K.	
STREET ADDRESS	12727 ELDRID PL	
CITY-ST-ZIP	SILVER SPRING MD	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARACI, PHILIP	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE, MD 0	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CLARK, PATRICIA	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE, MD 0	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRANDON, KIMBERLEY J.	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE, MD 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 301-986-6103
Date Daytime Phone #

CR2E034 (11/98)