

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 688884**

1. Entity Name

**COMMERCE CENTER DEVELOPMENT CORP.**

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90127 036 \*\*\*150.00

Principal Place of Business

Mailing Address

8401 CONNECTICUT AVE  
 ATTN: KIM BRANDON  
 CHEVY CHASE MD 20815

8401 CONNECTICUT AVE  
 ATTN: KIM BRANDON  
 CHEVY CHASE MD 20815-5803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**52-1218501**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W.K. ALBRIGHT*

Date

4/23/00

Daytime Phone #

301-986-6103

CR2E034 (9/99)