

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688884

FILED  
Jul 03, 2006  
Secretary of State

Entity Name: COMMERCE CENTER DEVELOPMENT CORP.

**Current Principal Place of Business:**

7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA, MD 20814

**New Principal Place of Business:**

**Current Mailing Address:**

7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA, MD 20814

**New Mailing Address:**

FEI Number: 52-1218501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: VD ( ) Delete  
Name: HEASLEY, ROSS E.,  
Address: 7501 WISCONSIN AVENUE - SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

Title: DP ( ) Delete  
Name: SAUL III, B. FRANCIS  
Address: 7501 WISCONSIN AVENUE -SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

Title: AT ( ) Delete  
Name: GAULT, DEBORAH D  
Address: 7501 WISCONSIN AVENUE - SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

Title: TV ( ) Delete  
Name: SHOOP, KENNETH D  
Address: 7501 WISCONSIN AVENUE -SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

Title: D ( ) Delete  
Name: PARKER, JESSICA L  
Address: 7501 WISCONSIN AVENUE - SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

Title: AS ( ) Delete  
Name: ANDERSON, KIMBERLY J  
Address: 7501 WISCONSIN AVENUE - SUITE 1500  
City-St-Zip: BETHESDA, MD 20814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARTA LOWE

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

MS

07/03/2006

\_\_\_\_\_  
Date