2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 688884

FILED Jan 13, 2009 Secretary of State

Entity Name: COMMERCE CENTER DEVELOPMENT CORP.

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US						
Current Mailing Address: New				w Mailing Address:		
7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814 US						
FEI Number: 52-1218501		FEI Number Applied For () FEI Number Not Applicable () Certificate		Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Nam				Address of	New Registered Agent:	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 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	
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITIONS	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	V () D HEASLEY, ROSS 7501 WISCONSIN BETHESDA, MD	E NAVENUE - SUITE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D SAUL III, B. FRAN 7501 WISCONSIN BETHESDA, MD	ICIS N AVENUE -SUITE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	A () D GAULT, DEBORA 7501 WISCONSIN BETHESDA, MD	H D N AVENUE - SUITE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () D SHOOP, KENNET 7501 WISCONSIN BETHESDA, MD	H D NAVENUE -SUITE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D PARKER, JESSIC 7501 WISCONSIN BETHESDA, MD	CA L N AVENUE - SUITE 1500	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	A () D ANDERSON, KIM 7501 WISCONSIN BETHESDA, MD	BERLY J NAVENUE - SUITE 1500	Title: Name: Address: City-St-Zip:	ANDERSON, I	NSIN AVENUE - SUITE 1500	
I hereby certify that the information supplied with this filing does not qualify 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: ROSS E. HEASLEY VΡ 01/13/2009