

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90089 048 \*\*\*550.00

0119098 AT

**DOCUMENT # 688884**

1. Entity Name  
**COMMERCE CENTER DEVELOPMENT CORP.**



Principal Place of Business  
**7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA MD 20814**

Mailing Address  
**7501 WISCONSIN AVENUE  
SUITE 1500  
BETHESDA MD 20814**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1218501**

Applied For

Not Applicable

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

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HEASLEY, ROSS E. 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C SAUL III, B. FRANCIS 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T TZAMARAS, BILL D 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARACI, PHILIP 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLARK, PATRICIA 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS ANDERSON, KIMBERLY 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA MD 20814</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C SAUL II, B. FRANCIS 7501 WISCONSIN AVENUE SUITE 1500 BETHESDA, MD 20814</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT GAULT, DEBORAH D 7501 WISCONSIN AVENUE -SUITE 1500 BETHESDA, MD 20814</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SAUL III, B. FRANCIS 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA, MD 20814</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PARKER, JESSICA L 7501 WISCONSIN AVENUE - SUITE 1500 BETHESDA, MD 20814</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ross E. Heasley*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSS E. Heasley, VD

8-20-03

301.986.6000  
Date Daytime Phone #

CR2E034 (4/03)