

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 826413 (7)  
1. Corporation Name  
B.F. SAUL COMPANY



Principal Place of Business: 8401 CONNECTICUT AVENUE CHEVY CHASE MARYLAND 20815  
Mailing Address: 8401 CONNECTICUT AVENUE CHEVY CHASE MARYLAND 20815

3. Date Incorporated or Qualified: 06/30/1971  
3a. Date of Last Report: 03/08/1995

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)

4. FEI Number: 53-0140155  
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 has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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	PD	<input type="checkbox"/> DELETE
NAME	SAUL, FRANCIS B II	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITMORE, JOHN R.	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ALBRIGHT, WILLIAM K	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	CLARK, PATRICIA E.	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, GEORGE M JR	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEASLEY, ROSS E	
STREET ADDRESS	8401 CONNECTICUT AVE	
CITY-ST-ZIP	CHEVY CHASE MD	

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] DATE: 5/7/96 DAY/MO/YEAR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: 301-986-6103 DAY/MO/YEAR

CR2E034 (12/95)