

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date incorporated or Qualified 06/30/1971	
4. FEI Number 53-0140155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAUL, FRANCIS B II	1.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITMORE, JOHN R.	2.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBRIGHT, WILLIAM K	3.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	3.4 CITY-ST-ZIP	
TITLE	AVS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, PATRICIA E.	4.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, GEORGE M JR	5.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEASLEY, ROSS E	6.2 NAME	
STREET ADDRESS	8401 CONNECTICUT AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHEVY CHASE MD	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	CHEVY CHASE MD	6.4 CITY-ST-ZIP	

14. 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 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 the attachment with an address.

SIGNATURE _____

CR2E034 (10/97)