2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **832049** May 19, 2000 8:00 am 1. Entity Name Secretary of State THE CLARK CONSTRUCTION GROUP, INC. 05-19-2000 90024 018 ***150.00 Principal Place of Business Mailing Address 7500 OLD GEORGETOWN ROAD 7500 OLD GEORGETOWN ROAD BETHESDA MD 20814-6133 BETHESDA MD 20814-6196 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 53-0087590 Not Applicable Żip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **SVPS** Change ☐ Delete TITLE TITLE NAME JARBOE, JOSEPH H NAME STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP CITY-ST-7IP BETHESDA MD 20814 ☐ Change ☐ Addition EVP □ Delete TITLE TITLE NAME LUNGER E.E. NAME STREET ADDRESS 7500 OLD GEORGETOWN RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 - Change ☐ Addition TITLE ☐ Delete TITLE NAME MIZELL, MARSHALL,P NAME STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN RD. CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 Change Addition ☐ Delete TITLE NAME MASLEN, STEVEN,H NAME STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN ROAD CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 ☐ Delete Change Addition TITLE TITLE NAME BOHRER, TIMOTHY, A STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN RD. CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 ☐ Change ☐ Addition CE₀ ☐ Delete TITLE TITLE NAME FORSTER, PETER C NAME STREET ADDRESS STREET ADDRESS 7500 OLD GEORGETOWN RD. CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 13. 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 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

301-272-8100

Daytime Phone #