

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000257

1. Entity Name
CAR CMX LP.



FILED
03 MAY -1 PM 6:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
1420 SPRING HILL ROAD, SUITE 500
MCLEAN VA 22102

Mailing Address
1420 SPRING HILL ROAD, SUITE 500
MCLEAN VA 22102

2. Principal Place of Business

3. Mailing Address

8270 Greensboro Drive

8270 Greensboro Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

950

Suite 950

City & State

City & State

MCLEAN VA

MCLEAN VA

Zip

Country

Zip

Country

22102

USA

22102

USA

DUE BY MAY 1, 2003

4. FEI Number 54-2040713

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

9. Capital Contributions as Shown on record. \$10,710,600.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # F01000003895
NAME CAR MOM INC.
STREET ADDRESS 1420 SPRING HILL ROAD, SUITE 500
CITY-ST-ZIP MCLEAN VA 22102

STREET ADDRESS 8270 Greensboro Dr. Suite 950
CITY-ST-ZIP McLean VA 22102

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 300017848803
CITY-ST-ZIP 05/01/03-01092-010 **526.25

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STREET ADDRESS
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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

By: CAR MOM INC.

Catherine L. Potter
Assistant Secretary

SIGNATURE: By: [Signature] REQUIRED

4-30-03 (700) 284-3075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE