

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90003 014 ***550.00

DOCUMENT # F00000004537

1. Entity Name

LLB TENANT CORPORATION

Principal Place of Business

DEPT. 924.13
10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address

DEPT. 924.13
10400 FERNWOOD ROAD
BETHESDA MD 20817

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-2258534

Applied For

Not Applicable

Zip

Country

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME PETTY, WILLIAM T
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE AS ☐ Change ☐ Addition
NAME NANCY L. BENZ
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

TITLE V ☐ Delete
NAME PULSE, M. LESTER JR.
STREET ADDRESS 11202 FARMLAND DRIVE
CITY-ST-ZIP ROCKVILLE MD 20852

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME HANDLON, CAROLYN B
STREET ADDRESS 1215 POOMAC SCHOOD ROAD
CITY-ST-ZIP MCLEAN VA 22101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME INGALLS, DOROTHY M
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KIMBALL, KEVEN M
STREET ADDRESS 12058 SHOEMAKER WAY
CITY-ST-ZIP GAITHERSBURG MD 20878

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME STEWART, GEORGE COPE III
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE D ☒ Change ☐ Addition
NAME ANDREA M. MATTEI
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD. 20817

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

SIGNATURE:

George Cope III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/02

(301) 380-8742

CR2E034 (4/02)