

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90250 012 ***150.00

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1. Entity Name
TOWNEPLACE MANAGEMENT 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

94075477



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1948169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCARTHY, ROBERT J
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD 20817

TITLE V
NAME PULSE, M. LESTER JR.
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD 20817

TITLE T
NAME HANDLON, CAROLYN B
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD 20817

TITLE D
NAME KIMBALL, KEVIN M
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD 20817

TITLE D
NAME **MATTEI, ANDREA**
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA, MD 20817

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

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-23-04 301-380-8742

Date

Daytime Phone #