FILED

Apr 30, 2003 8:00 am Secretary of State

04-30-2003 90097 023 ***150.00

F02000001341

1. Entry Name CM INTERNATIONAL SHOPPES III, INC.



Principal Place of Business

Mailing Address

ROCKVILLE M	ILLE PIKE, 51H FL ID 20852	ROCKVILLE MD 20852												
	Place of Business	3. Mailing Address ATTW, TULIEWH					IE			60 00 18 00 03 0	1 4 11 111 1 1141	11001 1181 1181		
Suite, Apt.		Suite, Apt. # etc. 4th FLOOR				CHECK HERE IF MAKING CHANGES								
ROCKVILLE, MD			City & State ROCKVILLE, M			v (4. FEI N	4. FEI Number APPLIED FOR		7	Applied For Not Applicable		
2085	7	USA	Zio 20	152	Count	4		5. Certif	icate of Status	Desired	, , ,	8.75 Add		
	6. Name and	Address of Current R	egistered A	\gent				7. Name	and Addres	of New Re	gistered Ag	jent		
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301							Name Street Address (P.O. Box Number is Not Acceptable)							
IALLADAS	55EE FL 32301						City					FL Zip Code		
	named entity sub	mits this statement for agent.	the purpose	of changing its	registered	l office o	r registere	ed agent, c	or both, in the	State of Flori		i miliar with,	and accept	
SIGNATURE.		ed name of registered agent ar	ed title if applicat	NOTE A	Renistered	Anant signal	ture required	when reinstatir			DATE			
After	• ′	EE IS \$150.00 ee will be \$550.00 rida Department of	State					9	LElection Ca Trust Fund	mpaign Final Contribution.	ncing		0 May Be 1 to Fees	
10.		OFFICERS AND D	IRECTORS		11.		1 - 1-	ADDITIO	ONS/CHANG	S TO OFFIC				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DOCKSER, WI 11200 ROCKVI ROCKVILLE MI	ILLE PIKE, 5TH FLO	OR s		TITLE NAME STREET CITY-S	address T~zip	BAR	ID RY 5 0 ROC	BLAT	MAN PIKE	_	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS WILLOUGHBY, 11200 ROCKV ROCKVILLE MI	ille pike, 5th flo	OR	Delete		ADDRESS T-zip	1120	50 J2D	M. LIE. CKVILL E, ME	E PIK	AN	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AZZARA, CYTH 11200 ROCKVI ROCKVILLE MI	ILLE PIKE, 5TH FLO	OR	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	D/V,	7+				Change	Addition	
NAME STREET ADDRESS CHY-ST-ZIP	V IANNARONE, I 11200 ROCKVI ROCKVILLE MI	LLE PIKE, 5TH FLO	OR	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	D/V		, . .	· ·		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	Delete	TITLE NAME STREET CITY-S	ADDRESS T-ZIP	1120	O ROCK	RAILE EVILLE	PIKE	-	Change	Addition	
TITLE NAME STREET ADDRESS	1			Delete	TITLE NAME STREET	ADDRESS	NA	KA	. LIBE CKVILL	RA	Ę	Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

301-255-0674

SIGNATURE: