

FILED
May 19, 2004 8:00 am
Secretary of State

04-26-2004 90444 040 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000001655 1. Entity Name CMSLP MANAGEMENT COMPANY, INC.					
Principal Place of Business 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852			Mailing Address 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		66422788 	
City & State		City & State		03122004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 52-2290989	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IANNARONE, DAVID B 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D Mark R. Jarrell 11200 Rockville Pike Rockville, MD 20852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HANSON, BRIAN 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, D Stephen M. Abelman 11200 Rockville Pike Rockville, MD 20852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AZZARA, CYNTHIA O 11200 ROCKVILLE PIKE ROCKVILLE, MD 20852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C, D Barry S. Blattman 11200 Rockville Pike Rockville, MD 20852	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BLATTMAN, BARRY S 11200 ROCKVILLE PIKE 4TH FL ROCKVILLE, MD 20852	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V, S Susan B. Railey 11200 Rockville Pike Rockville, MD 20852	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Change ☐ Addition
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: By: <u>Abigail Garber</u> <u>Abigail Garber</u> <u>3/17/04</u> <u>301-468-3189</u> _____ _____ _____					

By: Susan B. Railey
 Name: Susan B. Railey
 Title: Vice-President/Secretary

5/11/04 301 231-0348
 Date Phone