

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90120 007 \*\*\*150.00

**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**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **52-2290989**

Applied For

Not Applicable

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NRAI SERVICES, INC.**  
**526 E. PARK AVE.**  
**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>PSD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>WILLOUGHBY, H. WILLIAM</b>	
<b>STREET ADDRESS</b>	<b>11200 ROCKVILLE PIKE</b>	
<b>CITY-ST-ZIP</b>	<b>ROCKVILLE MD 20852</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>IANNARONE, DAVID B</b>	
<b>STREET ADDRESS</b>	<b>11200 ROCKVILLE PIKE</b>	
<b>CITY-ST-ZIP</b>	<b>ROCKVILLE MD 20852</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>HANSON, BRIAN</b>	
<b>STREET ADDRESS</b>	<b>11200 ROCKVILLE PIKE</b>	
<b>CITY-ST-ZIP</b>	<b>ROCKVILLE MD 20852</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>AZZARA, CYNTHIA O</b>	
<b>STREET ADDRESS</b>	<b>11200 ROCKVILLE PIKE</b>	
<b>CITY-ST-ZIP</b>	<b>ROCKVILLE MD 20852</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>	<b>PCD</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Chairman, CEO, President</b>	
<b>STREET ADDRESS</b>	<b>Barry S. Blattman</b>	
<b>CITY-ST-ZIP</b>	<b>11200 Rockville Pike, 4th FL</b>	
	<b>Rockville, MD 20852</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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: Brian L. Hanson **Senior Vice President** 4/29/03 301 468-3189

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **Daytime Phone #**

CR2E034 (10/02)