

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90116 045 \*\*\*150.00

<b>DOCUMENT # F04000001616</b> 1. Entity Name <b>CARRAMERICA DEVELOPMENT, INC.</b>					
Principal Place of Business <b>7850 K STREET NW WASHINGTON, DC 20006</b>			Mailing Address <b>7850 K STREET NW WASHINGTON, DC 20006</b>		
2. Principal Place of Business <b>1850 K St NW</b> Suite, Apt. #, etc. <b>500</b>		3. Mailing Address <b>1850 K ST NW</b> Suite, Apt. #, etc. <b>500 ATTN TAX DEPT</b>			
City & State <b>Washington DC</b>		City & State <b>DC</b>		4. FEI Number <b>16-1689608</b>	
Zip <b>20006</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent's signature required when retreating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WILLIAMS, JAMES S</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LEE, DAVID</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MADRID, LINDA A</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>HEISTER, KURT</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CARR, THOMAS A</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>HAWKINS, PHILIP L</b> <b>7850 K STREET NW</b> <b>WASHINGTON, DC 20006</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>1850 K ST NW</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: <u><i>David Lee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4/29/05</u> <small>Date</small>		