

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000005711

1. Entity Name

CCC FINANCING I CORPORATION

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90068 015 ***150.00

Principal Place of Business

6600 ROCKLEDGE DRIVE
SUITE 600
BETHESDA MD 20817-1109
US

Mailing Address

6600 ROCKLEDGE DRIVE
SUITE 600
BETHESDA MD 20817-1109
US

LUU4UB30



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **35-1905924**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FRANCIS, JAMES L
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVD
NAME COLDEN, TRACY M
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME HARVEY, LARRY K
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V
NAME MCMAHON, JOHN
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS
NAME LIEBERMAN, ELIZABETH R.
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VD
NAME Steven J. Fairbanks
STREET ADDRESS 6600 Rockledge Drive Suite 600
CITY-ST-ZIP Bethesda, MD 20817-1109 ☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tracy M. Colden

Tracy M.J. Colden

2/6/01

240-694-0357

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)