

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90095 017 \*\*\*150.00

DOCUMENT # **F93000005778**

1. Corporation Name  
**CEI REALTY, INC.**



Principal Place of Business      Mailing Address  
7500 OLD GEORGETOWN ROAD, 15TH FLOOR      7500 OLD GEORGETOWN ROAD, 15TH FLOOR  
BETHESDA MD 20814-6195      BETHESDA MD 20814-6195

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/21/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		52-1720754	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent

METZGER, JOHN T ESQUIRE  
C/O GREENBERG, TRAUIG  
777 SOUTH FLAGLER DRIVE, SUITE 301-E  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	CLARK, A J				
STREET ADDRESS	7500 OLD GEORGETOWN ROAD				
CITY-ST-ZIP	BETHESDA MD 20814				
TITLE	VDT	<input type="checkbox"/> DELETE			
NAME	NUSSDORF, LAWRENCE C				
STREET ADDRESS	7500 OLD GEORGETOWN ROAD				
CITY-ST-ZIP	BETHESDA MD 20814				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	PUMPHREY, CONNIE B				
STREET ADDRESS	7500 OLD GEORGETOWN RD				
CITY-ST-ZIP	BETHESDA MD				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	SEAWRIGHT D STEPHENB				
STREET ADDRESS	7500 OLD GEORGETOWN RD				
CITY-ST-ZIP	BETHESDA MD				
TITLE	VAS	<input type="checkbox"/> DELETE			
NAME	OWEN, REBECCA L				
STREET ADDRESS	7500 OLD GEORGETOWN RD				
CITY-ST-ZIP	BETHESDA MD				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	FLANAGAN, ROBERT J				
STREET ADDRESS	7500 OLD GEORGETOWN ROAD				
CITY-ST-ZIP	BETHESDA MD 20814				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS	7500 Old Georgetown Road				
3.4 CITY-ST-ZIP	Bethesda, MD 20814				
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	Seawright, D. Stephen				
4.3 STREET ADDRESS	7500 Old Georgetown Road				
4.4 CITY-ST-ZIP	Bethesda, MD 20814				
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS	7500 Old Georgetown Road				
5.4 CITY-ST-ZIP	Bethesda, MD 20814				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Lawrence C. Nussdorf* 2/17/99 (301) 657-7157

CR2E034 (11/98)