

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F93000005778

1. Entity Name  
CEI REALTY, INC.



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

Mailing Address  
7500 OLD GEORGETOWN ROAD, 15TH FLOOR  
BETHESDA, MD 20814-6195

FILED

04 MAY -3 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04272004 Chg-P CR2E034 (10/03)

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

52-1720754

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

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

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

(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  
DC  
CLARK, A J  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
Klatzkin, Terri D.  
7500 Old Georgetown Rd  
Bethesda, Md 20814 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PDT  
NUSSDORF, LAWRENCE C  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
400036067184  
05/11/04--01078--015 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
PUMPHREY, CONNIE B  
7500 OLD GEORGETOWN RD  
BETHESDA, MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SEAWRIGHT, D. STEPHEN  
7500 OLD GEORGETOWN RD  
BETHESDA, MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VAS  
OWEN, REBECCA L  
7500 OLD GEORGETOWN RD  
BETHESDA, MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
FLANAGAN, ROBERT J  
7500 OLD GEORGETOWN ROAD  
BETHESDA, MD 20814 ☐ 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Terri D. Klatzkin* Vice President

4/27/04 301-65

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

By