

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 18, 2007 8:00 am**  
**Secretary of State**

05-18-2007 90018 030 \*\*\*150.00

**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

40115971



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-P CR2E034 (12/06)

City & State

City & State

4. FEI Number  
52-1720754

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

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

## 7. Name and Address of New Registered Agent

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> Delete
NAME	CLARK, A J	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY - ST - ZIP	BETHESDA, MD 20814	
TITLE	PDT	<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 20814	
TITLE	V	<input type="checkbox"/> Delete
NAME	SEAWRIGHT, D. STEPHEN	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY - ST - ZIP	BETHESDA, MD 20814	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	OWEN, REBECCA L	
STREET ADDRESS	7500 OLD GEORGETOWN RD	
CITY - ST - ZIP	BETHESDA, MD 20814	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLANAGAN, ROBERT J	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	
CITY - ST - ZIP	BETHESDA, MD 20814	

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

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klatzkin, Terri D.	
STREET ADDRESS	7500 Old Georgetown Rd	
CITY - ST - ZIP	Bethesda, md 20814	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Terri D. Klatzkin* Vice President

4/25/07 301-657-7157

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #