

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006295

1. Entity Name

ILM II LEASE CORPORATION

Principal Place of Business

28 STATE STREET
SUITE 1100
BOSTON MA 02109

Mailing Address

28 STATE STREET
SUITE 1100
BOSTON MA 02109-1775

2. Principal Place of Business

1750 Tysons Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite 1200

City & State

Tysons Corner, VA

Zip

22102

Country

USA

Zip

Country

4. FEI Number

04-3248639

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

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, 2000 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	SHARMAN, J. WILLIAM	515 LOUISIANA STREET HOUSTON TX 77002	<input type="checkbox"/>
	S	DWYER, JEFFREY	1300 CONNECTICUT AVENUE WASHINGTON DC 20036	<input type="checkbox"/>
	AS	KREIE, VALDA M.W.	265 FRANKLIN ST. BOSTON MA 02110	<input checked="" type="checkbox"/>
	P	REDELE, JULIEN G	211 UNION ST STE 111 ALEXANDRIA VA	<input type="checkbox"/>
	D	DWYER, JEFFRY R	1300 CONN. AVE NW STE 1000 WASHINGTON DC 20036	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 any other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey R. Dwyer, Pres. 4/24/00 202-331-3106

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90060 036 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)