

# 2000 UNIFORM BUSINESS REPORT (UBR)

000955

**DOCUMENT # F95000000400**  
 1. Entity Name  
**CCC ALPHA INVESTMENTS, INC.**

**FILED**  
**00 APR -4 PM 2: 58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Principal Place of Business 10400 FERNWOOD ROAD SUITE 500 BETHESDA MD 20817-1109 US	Mailing Address 10400 FERNWOOD ROAD DEPT 862, SUITE 500 BETHESDA MD 20817-1109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6600 Rockledge Drive Suite, Apt. #, etc. Suite 600	3. Mailing Address 6600 Rockledge Drive Suite, Apt. #, etc. Suite 600
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City & State Bethesda, MD	City & State Bethesda, MD	4. FEI Number 35-1931145	Applied For Not Applicable
Zip 20817-1109	Country US	Zip 20817-1109	Country US

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
 1201 HAYS ST.  
 SUITE 105  
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**700003203677--7**  
**-04/11/00--01087--017**  
**\*\*\*\*150.00 \*\*\*\*150.00**  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRANCIS, JAMES L 10400 FERNWOOD ROAD BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD COLDEN, TRACY M J 10400 FERNWOOD RD BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV HARVEY, LARRY K 10400 FERNWOOD RD BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LIEBERMAN, ELIZABETH 10400 FERNWOOD RD BETHESDA MD 20817 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEMERMAN, BRUCE 10400 FERNWOOD RD BETHESDA MD 20817 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCMAHON, JOHN J 10400 FERNWOOD RD BETHESDA MD 20817 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109 <b>KE</b>

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 J Colden, Tracy M.J. Colden, 2/29/00 240-694-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)