## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 13, 2001 8:00 am DOCUMENT # F95000000400 Secretary of State CCC ALPHA INVESTMENTS, INC. 02-13-2001 90571 017 \*\*\*150.00 Principal Place of Business Mailing Address 6600 ROCKLEDGE DRIVE 6600 ROCKLEDGE DRIVE SUITE 600 SUITE 600 OITHOU BETHESDA MD 20817-1109 BETHESDA MD 20817-1109 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1931145 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE □ Delete TITLE ☐ Addition FRANCIS, JAMES L NAME NAME 6600 ROCKLEDGE DRIVE, STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817-1109 CITY-ST-ZIP SVD ☐ Delete TITLE ☐ Addition Change COLDEN, TRACY M J NAME NAME 6600 ROCKLEDGE DRIVE, STE. 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817-1109 CITY-ST-ZIP TITLE . Delete TITLE Change Addition HARVEY, LARRY K NAME NAME 6600 ROCKLEDGE DRIVE, STE, 600 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817-1109 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LIEBERMAN, ELIZABETH NAME NAME STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20817-1109 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCMAHON, JOHN J NAME STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600 STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817-1109 CITY-ST-ZIP Vice President/Director Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME Fairbanks, Steven J.

Bethesda MD 20817-1109 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Tracy M.J. Colden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

January 11, 2001

240-694-2024

6600 Rockledge Drive Suite 600