

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000991

1. Entity Name

OXFORD INVESTMENT II CORPORATION

Principal Place of Business

7200 WISCONSIN AVE., #1100  
ATTN: GENERAL COUNSEL  
BETHESDA MD 20814

Mailing Address

7200 WISCONSIN AVE., #1100  
ATTN: GENERAL COUNSEL  
BETHESDA MD 20814

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

52-1603358

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Npt 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
CD  
ZICKLER, LEO E.  
7200 WISCONSIN AVE. #1100  
BETHESDA MD ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LAVIN, FRANCIS P  
7200 WISCONSIN AVE. #1100  
BETHESDA MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
SCHIFFRIN, MARK E  
7200 WISCONSIN AVE. #1100  
BETHESDA MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ABRAMS, MARC B  
7200 WISCONSIN AVE. #1100  
BETHESDA MD 20814 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TV  
WILLARD, KENNETH C  
7200 WISCONSIN AVE. #1100  
BETHESDA MD ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
AS  
EWERS, MARY ANN  
7200 WISCONSIN AVENUE 1100  
BETHESDA MD ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

Pg. 1 of 2

00 JUL 19 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR 10-14-0001

500003329005--2

*Mary Ann Ewers* 8-14-00

301-961-3524

Pg. 2 of 2



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 550.0

ORDER DATE : July 18, 2000

ORDER TIME : 4:10 PM

ORDER NO. : 766888-085

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst  
Oxford Realty Financial Group  
7200 Wisconsin Ave.  
11th Floor  
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: OXFORD INVESTMENT II  
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

RECEIVED  
00 JUL 19 PM 4:38  
EXAMINER'S INITIALS:  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA