


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

99 MAY 20 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0008615

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000000225</b>					
1. Corporation Name <b>COURTYARD II ASSOCIATES MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>10400 FERNWOOD RD BETHESDA MD 20817</b>			Mailing Address <b>10400 FERNWOOD RD. DEPT 862 BETHESDA MD 20817-1109</b>		
2. Principal Place of Business		2a. Mailing Address			
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		
22	City & State	27	City & State		
23	Zip	28	Zip		
24	Country	29	Country		
9. Name and Address of Current Registered Agent					
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	NAME		STEMERMAN, BRUCE F	
STREET ADDRESS	10400 FERNWOOD RD				
CITY-ST-ZIP	BETHESDA MD 20817				
TITLE	VP	NAME		BURTIN, RICHARD A	
STREET ADDRESS	10400 FERNWOOD ROAD				
CITY-ST-ZIP	BETHESDA MD 20817				
TITLE	T	NAME		WARDINSKI, BRUCE D	
STREET ADDRESS	10400 FERNWOOD RD				
CITY-ST-ZIP	BETHESDA MD 20817				
TITLE	D	NAME		FERRUCCI, MARK A	
STREET ADDRESS	1633 BROADWAY				
CITY-ST-ZIP	NEW YORK NY 10019				
TITLE	SVP	NAME		TOWNSEND, CHRISTOPHER	
STREET ADDRESS	10400 FERNWOOD RD				
CITY-ST-ZIP	BETHESDA MD 20817				
TITLE	AS	NAME		WALLACE, SUSAN E	
STREET ADDRESS	10400 FERNWOOD RD				
CITY-ST-ZIP	BETHESDA MD 20817				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE Treasurer					
12 NAME W. Edward Walter					
13 STREET ADDRESS 10400 Fernwood Road					
14 CITY-ST-ZIP Bethesda, Maryland 20817-1109					
21 TITLE					
22 NAME BURTON, RICHARD A.					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE PD					
32 NAME Robert E. Parsons, Jr.					
33 STREET ADDRESS 10400 Fernwood Road					
34 CITY-ST-ZIP Bethesda, MD 20817-1109					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/12/1996</b>	
4. FEI Number <b>52-1955659</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>400002889404--2</b>
83	<b>-05/28/99--01051--001</b>
84 City	<b>***1427-50 ***150.00 FL</b>

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Susan E. Wallace

4/21/99

(301) 380-7575

Date

Day in Phone #

CR2E034 (11/98)