2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am Secretary of State **DOCUMENT #** F9600000225 1. Entity Name COURTYARD II ASSOCIATES MANAGEMENT CORPORATION 05-19-2002 90177 033 ***150.00 Principal Place of Business Mailing Address 10400 FERNWOOD RD 10400 FERNWOOD ROAD SUITE 500 SUITE 500. DEPT. 72/923 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 52-1955659 Zip Not Applicable Country Zip Country 5. Certificate of Status Desired \$8.75 Additional 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 STREET TALLAHASSEE FL 32301 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete PARSONS, ROBERT E JR (9/01)NAME Addition STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS CR2E034 CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP TITLE ☐ Delete TITLE **BURTON, RICHARD A** ☐ Change □ Addition NAME STREET ADDRESS 10400 FERNWOOD ROAD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME WALTER, W. EDWARD ☐ Addition NAME STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME FERRUCCI, MARK A ☐ Change ☐ Addition NAME STREET ADDRESS 1633 BROADWAY STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP ☐ Delete TITLE NAME OLINGER, DONALD D Change ☐ Addition STREET ADDRESS 10400 FERNWOOD RD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20817-1109 CITY-ST-ZIP TITLE ASAT ☐ Delete TITLE WALLACE, SUSAN E ☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

10400 FERNWOOD RD

BETHESDA MD 20817

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Date

(301)380-7575

☐ Addition