

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91297 040 ***150.00

DOCUMENT # **F96000000225**

1. Entity Name
COURTYARD II ASSOCIATES MANAGEMENT CORPORATION



Principal Place of Business
**10400 FERNWOOD RD
SUITE 500
BETHESDA MD 20817-1109**

Mailing Address
**10400 FERNWOOD ROAD
SUITE 500, DEPT. 72/923
BETHESDA MD 20817-1109**

2. Principal Place of Business
6903 Rockledge Drive

3. Mailing Address
6903 Rockledge Drive

Suite, Apt. #, etc.
1500

Suite, Apt. #, etc.
1500

City & State
Bethesda, Maryland

City & State
Bethesda, Maryland

4. FEI Number **52-1955659**

Applied For
Not Applicable

Zip
20817-1818

Country
USA

Zip
20817-1818

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not 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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State.

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **PARSONS, ROBERT E JR**
STREET ADDRESS **10400 FERNWOOD RD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **VP** ☐ Delete
NAME **BURTON, RICHARD A**
STREET ADDRESS **10400 FERNWOOD ROAD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **VPT** ☒ Delete
NAME **WALTER, W. EDWARD**
STREET ADDRESS **10400 FERNWOOD RD**
CITY-ST-ZIP **BETHESDA MD 20817**

TITLE **D** ☐ Delete
NAME **FERRUCCI, MARK A**
STREET ADDRESS **1633 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **S** ☒ Delete
NAME **OLINGER, DONALD D**
STREET ADDRESS **10400 FERNWOOD RD**
CITY-ST-ZIP **BETHESDA MD 20817-1109**

TITLE **ASAT** ☐ Delete
NAME **WALLACE, SUSAN E**
STREET ADDRESS **10400 FERNWOOD RD**
CITY-ST-ZIP **BETHESDA MD 20817**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☐ Change ☐ Addition
NAME **WALTER, W. EDWARD**
STREET ADDRESS **6903 Rockledge Dr. #1500**
CITY-ST-ZIP **Bethesda, MD 20817-1818**

TITLE **6903 Rockledge Dr. #1500** ☒ Change ☐ Addition
STREET ADDRESS **Bethesda, MD 20817-1818**

TITLE **VPT** ☒ Change ☐ Addition
NAME **CARNELIA, JOHN A.**
STREET ADDRESS **6903 Rockledge Dr. #1500**
CITY-ST-ZIP **Bethesda, MD 20817-1818**

TITLE **212 MANGUM DR** ☒ Change ☐ Addition
STREET ADDRESS **BEAR, DE 19701**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **BUCKLEY, DAVID L.**
STREET ADDRESS **6903 Rockledge Dr. #1500**
CITY-ST-ZIP **Bethesda, MD 20817-1818**

TITLE **6903 Rockledge Dr. #1500** ☒ Change ☐ Addition
STREET ADDRESS **Bethesda, MD 20817-1818**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/03

(240) 744-1000

Date

Daytime Phone #

CR2E034 (10/02)