


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

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AT

05-23-2003 90143 042 ***550.00

DOCUMENT # F96000003894			
1. Entity Name SULGRAVE REALTY CORPORATION			
Principal Place of Business ONE EXECUTIVE DRIVE FORT LEE NJ 07024		Mailing Address ONE EXECUTIVE DRIVE FORT LEE NJ 07024	
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 22-3453841		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NATIONAL CORPORATE RESEARCH, LTD., INC. 103 N. MERIDIAN STREET TALLAHASSEE FL 32301-0000		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		DATE	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUCIANI, JOHN SUITE 350, 2650 N MILITARY TRAIL BOCA RATON FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fred Burchill PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7700 Old Georgetown Rd. Suite #400 Bethesda, MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD MERLINO, CATHERINE ONE EXECUTIVE DRIVE FORT LEE NJ 07024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Keith Marlowe AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One Executive Drive Fort Lee, NJ 07024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFSON, GARY ONE EXECUTIVE DRIVE FORT LEE NJ 07024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marbeth Stahl VP+Sec <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 7700 Old Georgetown Rd Suite #400 Bethesda MD 20814
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARLOWE, KEITH ONE EXECUTIVE DRIVE FORT LEE NJ 07024 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>John Marlowe</i></u>		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E034 (10/02)