

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

**FILED**

**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F96000005673 (6)**

1. Corporation Name  
**CARRAMERICA REALTY CORPORATION**

Principal Place of Business  
**1700 PENNSYLVANIA AVE NW  
WASHINGTON DC 20006**

Mailing Address  
**1700 PENNSYLVANIA AVE NW  
WASHINGTON DC 20006-4704**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/31/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>52-1796339</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code <b>FL</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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, OLIVER T JR</b>	1.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	1.4 CITY-ST-ZIP	
TITLE	<b>PCOO</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, THOMAS A</b>	2.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	2.4 CITY-ST-ZIP	
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STUCKEY, ROBERT G</b>	3.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	3.4 CITY-ST-ZIP	
TITLE	<b>MD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAWKINS, PHILIP L</b>	4.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, BRIAN K</b>	5.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIELDS, BRIAN K</b>	6.2 NAME	
STREET ADDRESS	<b>1700 PENNSYLVANIA AVE NW</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC 20006</b>	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Debra A. Volz* **4-21-97** **(202) 624-1700**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone