

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90340 008 \*\*\*150.00

**DOCUMENT # F96000005673**

1. Entity Name

**CARRAMERICA REALTY CORPORATION**

Principal Place of Business

**INTERNATIONAL SQUARE  
 1850 K STREET, NW, SUITE 500  
 WASHINGTON DC 20006**

Mailing Address

**INTERNATIONAL SQUARE  
 1850 K STREET, NW, SUITE 500  
 WASHINGTON DC 20006**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **52-1796339**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
 NAME **CARR, OLIVER T JR**  
 STREET ADDRESS **1850 K ST NW STE 5500**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PCEO** ☐ Delete  
 NAME **CARR, THOMAS A**  
 STREET ADDRESS **1850 K ST NW STE 500**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **MD** ☒ Delete  
 NAME **KENT, GREGORY**  
 STREET ADDRESS **1600 PARLWORD CIR**  
 CITY-ST-ZIP **ATLANTA GA 30339**

TITLE **VP Tax** ☐ Change ☒ Addition  
 NAME **David Lee**  
 STREET ADDRESS **1850 K street ste 500**  
 CITY-ST-ZIP **Washington, DC 20006**

TITLE **COO** ☐ Delete  
 NAME **HAWKINS, PHILIP L**  
 STREET ADDRESS **1850 K ST NW STE 500**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **President** ☒ Change ☐ Addition  
 NAME **Philip L Hawkins**  
 STREET ADDRESS **1850 K St. NW**  
 CITY-ST-ZIP **Washington DC 20006**

TITLE **CFO** ☒ Delete  
 NAME **KATCHUK, RICHARD**  
 STREET ADDRESS **1850 K ST NW STE 500**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE **CFO** ☐ Change ☒ Addition  
 NAME **Stephen E. Riffe**  
 STREET ADDRESS **1850 K St NW**  
 CITY-ST-ZIP **Washington DC 20006**

TITLE **VAS** ☐ Delete  
 NAME **DORIGAN, KAREN B**  
 STREET ADDRESS **1850 K ST NW STE 500**  
 CITY-ST-ZIP **WASHINGTON DC 20006**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (4/02)

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

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/02

Date

202-729-7500

Daytime Phone #

Attachment 7

B0131743



Florida Department of State  
Divisions of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302

July 3, 2002

Re: CarrAmerica Realty Corporation-Document# F96000005673  
CarrAmerica Realty Services Inc.-Document# F97000003988

Dear Sir or Madam:

Enclosed please find the 2002 Uniform Business Report application and filing fee for CarrAmerica Realty Corporation and CarrAmerica Realty Services. The original form was not filed by the due date of May 1, 2002. The forms were never received. If you have any questions please feel free to contact me at (202) 729-7583.

Sincerely,

A handwritten signature in black ink, appearing to read "Karen Pearson-Davis", written over a horizontal line.

Karen Pearson-Davis  
Tax Department