


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90249 013 ***150.00

DOCUMENT # F96000005673 1. Entity Name CARRAMERICA REALTY CORPORATION	
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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
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DO NOT WRITE IN THIS SPACE

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1796339	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CARR, THOMAS A 1850 K ST NW STE 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEE, DAVID 1850 K STREET SUITE 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, PHILIP L 1850 K ST NW STE 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIFEE, STEPHEN E 1850 K ST NW STE 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CIO DORIGAN, KAREN B 1850 K ST NW STE 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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>David Lee</u> David Lee <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>4/26/04</u> <small>Date</small>	<u>202-729-7599</u> <small>Daytime Phone #</small>
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