

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90135 049 ***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**

50046004



04282005 No Chg-P CR2E034 (10/03)

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**

8. 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 _____

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

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
RIFREE, 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

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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: *David Lee* *David Lee*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/28/05

202729-7500