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FILED  
Feb 10 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005682 (7)

1. Corporation Name  
MSLS INVESTMENTS 15, INC.

Principal Place of Business:

DEPT 52.924.13  
10400 FERNWOOD RD  
BETHESDA MD 20817

Mailing Address:

DEPT 52.924.13  
10400 FERNWOOD RD  
BETHESDA MD 20817



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/01/1996

4. FEI Number

52-2001288

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME JOHNSON, PAUL E JR  
STREET ADDRESS 8001 HACKAMORE DR  
CITY-ST-ZIP POTOMAC MD 20854 ☐ DELETE

TITLE DT  
NAME MORROW, TERRENCE P  
STREET ADDRESS 11593 LAKE NEWPORT RD  
CITY-ST-ZIP RESTON VA 22094 ☐ DELETE

TITLE D  
NAME SHAW, WILLIAM J  
STREET ADDRESS 21 BRIDLE CT  
CITY-ST-ZIP BETHESDA MD 20854 ☐ DELETE

TITLE V  
NAME BEDNARZ, EDWARD L  
STREET ADDRESS 4003 ISBELL ST  
CITY-ST-ZIP SILVER SPRING MD 20908 ☐ DELETE

TITLE S  
NAME MCGLOCKTON, JOAN RECTOR  
STREET ADDRESS 1409 SQUAW HILL LN  
CITY-ST-ZIP SILVER SPRING MD 20908 ☐ DELETE

TITLE S  
NAME BENZ, NANCY L  
STREET ADDRESS 9132 WILLOWGATE LN  
CITY-ST-ZIP POTOMAC MD 20854 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Reston VA 22994

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Potomac MD 20854

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AS

10400 FERNWOOD Road  
Bethesda MD 20817

14. 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 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:

Nancy L. Benz

2/2/98

CR2E034 (10/97)