

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006042

1. Entity Name
AMI CAPITAL, INC.

FILED
May 11, 2001 8:00 am
Secretary of State
05-11-2001 90444 048 ***158.75

Principal Place of Business
7200 WISCONSIN AVENUE
SUITE 200
BETHESDA MD 20814-4811

Mailing Address
7200 WISCONSIN AVENUE
SUITE 200
BETHESDA MD 20814-4811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 51-0352032

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SULLIVAN, MICHAEL D
7200 WISCONSIN AVE STE-200
BETHESDA MD 20814 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Philip S. Spellberg
7200 Wisconsin Avenue, Suite 200
Bethesda, Maryland 20814 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BECKER, RICHARD L ESQ
7200 WISCONSIN AVE STE-200
BETHESDA MD 20814 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John J. Barry
111 Massachusetts Avenue, NW
Washington, D.C. 20001 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOEDE, MARVIN J
111 MASSACHUSETTS AVE. NW
WASHINGTON DC 20001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John K. Grelle
111 Massachusetts Avenue, NW
Washington, D.C. 20001 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARABILLO, JOSEPH A
111 MASSACHUSETTS AVE. NW
WASHINGTON DC 20001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
David E. Queen
7200 Wisconsin Avenue, Suite 200
Bethesda, Maryland 20814 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEORGINE, ROBERT A
111 MASSACHUSETTS AVE. NW
WASHINGTON DC 20001 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
Elizabeth A. Redmond
7200 Wisconsin Avenue, Suite 200
Bethesda, Maryland 20814 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WYNN, WILLIAM H
111 MASSACHUSETTS AVE. NW
WASHINGTON DC 20001 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
F. William Rosenbauer, III
7200 Wisconsin Avenue, Suite 200
Bethesda, Maryland 20814 ☐ Change ☒ Addition

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: *Michael D. Sullivan* Michael D. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

301-654-0033

Daytime Phone #

0449682

CR2E034 (10/00)