


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000002559			
1. Corporation Name CARRAMERICA DEVELOPMENT, INC.			
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		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VACANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUCKEY, ROBERT G	1.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	1.4 CITY-ST-ZIP	
TITLE	VTD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VACANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELDS, BRIAN K	2.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VACANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLPICELLI, DEBRA A	3.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	3.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORIGAN, KAREN B	4.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE. N.W. STE. 700	4.3 STREET ADDRESS	1850 K St. N.W. Ste 500
CITY-ST-ZIP	WASHINGTON DC 20006	4.4 CITY-ST-ZIP	Washington, D.C. 20006
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONS, KENNETH F	5.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	5.3 STREET ADDRESS	1850 K St. N.W. Ste 500
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	Washington, D.C. 20006
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOCKEY, THOMAS M	6.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	6.3 STREET ADDRESS	1850 K St. N.W. Ste 500
CITY-ST-ZIP	WASHINGTON DC	6.4 CITY-ST-ZIP	Washington, D.C. 20006

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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

202 729-7557

Date

Daytime Phone #