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Mar 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F97000003988 (9)

1. Corporation Name  
CARRAMERICA REALTY SERVICES, INC.

Principal Place of Business  
1700 PENNSYLVANIA AVE., N.W.  
WASHINGTON DC 20006

Mailing Address  
1700 PENNSYLVANIA AVE., N.W.  
WASHINGTON DC 20006



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/30/1997

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		52-1979824		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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 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	1.1 TITLE	
NAME	CARR, THOMAS A	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	2.1 TITLE	CFO, Treasurer + VP
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	VD	3.1 TITLE	Managing Director + VP
NAME	HAWKINS, PHILIP L	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	D	4.1 TITLE	Managing Director + VP
NAME	STUCKEY, ROBERT G	4.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	VOLPICELLI, DEBRA A	5.2 NAME	
STREET ADDRESS	1700 PENNSYLVANIA AVE., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Debra A. Volpicelli*

Debra A. Volpicelli

3-13-98

202  
624-170c

CR2E034 (10/97)