

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 17, 1999 8:00 am  
Secretary of State

05-17-1999 90058 046 \*\*\*150.00

DOCUMENT # F97000003988

1. Corporation Name

CARRAMERICA REALTY SERVICES, INC.

Principal Place of Business

1850 K STREET, N.W.  
WASHINGTON DC 20006

Mailing Address

1850 K STREET, N.W.  
WASHINGTON DC 20006

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1997

4. FEI Number

52-1979824

Applied For

Not

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

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

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

TITLE PD  
NAME CARR, THOMAS A  
STREET ADDRESS 1700 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE CTVP  
NAME FIELDS, BRIAN K  
STREET ADDRESS 1700 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE DVP  
NAME HAWKINS, PHILIP L  
STREET ADDRESS 1700 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE DVP  
NAME STUCKEY, ROBERT G  
STREET ADDRESS 1700 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE AS  
NAME VOLPICELLI, DEBRA A  
STREET ADDRESS 1700 PENNSYLVANIA AVE., N.W.  
CITY-ST-ZIP WASHINGTON DC

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 1850 K St. N.W. Ste. 500  
1.4 CITY-ST-ZIP Washington, D.C. 20006

2.1 TITLE CFO/V/T ☐ Change ☐ Addition

2.2 NAME Richard Katchuk  
2.3 STREET ADDRESS 1850 K St. N.W. Ste 500  
2.4 CITY-ST-ZIP Washington, D.C. 20006

3.1 TITLE Managing Director and Vice President ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 1850 K St. N.W. Ste 500  
3.4 CITY-ST-ZIP Washington, D.C. 20006

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE VACANCY ☒ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE Secretary ☐ Change ☐ Addition

6.2 NAME Linda A. Madrid  
6.3 STREET ADDRESS 1850 K St. N.W. Ste 500  
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:

*Handwritten Signature* - Controller & Treasurer

4/1/99

202724 1557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #