

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003988

1. Entity Name

CARRAMERICA REALTY SERVICES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90004 017 ***150.00

Principal Place of Business

1850 K STREET, N.W.
WASHINGTON DC 20006

Mailing Address

1850 K STREET, N.W.
WASHINGTON DC 20006-2213

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1979824

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, 2000 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	P CARR, THOMAS A 1850 K. ST. N. W. STE. 500 WASHINGTON DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTVP KATCHUK, RICHARD 1850 K. ST. N. W. STE. 500 WASHINGTON DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MDVP HAWKINS, PHILIP L 1850 K. ST. N. W. STE. 500 WASHINGTON DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MADRID, LINDA A 1850 K. ST. N. W. STE. 500 WASHINGTON DC 20006	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Executive Vice President & CFO & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Executive Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Executive Vice President & Corporate Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
Assistant Corporate Secretary Anne Marie Pulsch 1850 K. Street, NW Washington, D.C. 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Asst. Corporate Secretary Thomas J. Dolan 1850 K Street NW Suite 500 Washington, D.C. 20006	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

Richard F. Katchuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

Enter taxpayer name here

Corporation Returns

For the year ended:

Enter Y/E here

Attention:

Enter Attn: here

Jurisdiction	Form	Make Checks Payable to:	Payment Due Non-EFT Mail Return to:	EFT Mail Return to:	C/Y Taxpayer Filing Due Date	Payment Due
FLORIDA Uniform Business Report	2000 Uniform Business Report	Department of State	Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500	Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500	1-May	\$ 150

Attachment
C0077913
#F97000003988