2002 UNIFORM BUSINESS REPORT (UBR)

F97000003988 DOCUMENT

1. Entity Name

SIGNATURE

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

2. Principal Place of Business		3. Mailing Address		ĺ
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

FILED Jul 22, 2002 8:00 am Secrétary of State

07-22-2002 90168 045 ***150.00



DO NOT WRITE IN THIS SPACE

DATE

52-1979824

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
	Name	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD	Street Address (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324		
	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. I am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. 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 \$550.00

(NOTE: Registered Agent signature required when reinstating)

After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition ☐ Change ☐ Delete TITLE TITLE NAME CARR. THOMAS A NAME STREET ADDRESS 1850 K. ST. N. W. STE. 500 STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20006 CITY-ST-ZIP Delete TITI F **EVPC** TITLE Stephen E. Riffee NAME KATCHUK, RICHARD NAME 1850-KS+NW STESOO -STREET ADDRESS 1850 K. ST. N. W. STE. 500 STREET ADDRESS Washington Dc 20006 CITY-ST-ZIP CITY-ST-ZIE WASHINGTON DC 20006 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **EVP** NAME NAME HAWKINS, PHILIP L STREET ADDRESS 1850 K. ST. N. W. STE. 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20006 ☐ Addition Change TITLE ☐ Delete **EVPS** MADRID, LINDA A STREET ADDRESS 1850 K. ST. N. W. STE. 500 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20006 Change ☐ Addition TITLE ☐ Delete TITLE ACS NAME PULSCH, ANNE MARIE NAME STREET ADDRESS 1850 K. STREET STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20006** CITY-ST-ZIP ☐ Change Addition VP Tax TITLE 🔀 Delete TITLE David Lee NAME DOLAN, THOMAS J 1850 K st. NW ste 500 NAME 1850 K STREET NW STE 500 STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

7/10/02