

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90249 011 ***150.00

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1. Entity 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**

24057999



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO CARR, THOMAS A 1850 K. ST. N. W. STE. 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO RIFFEE, STEPHEN E 1850 K. ST. N. W. STE. 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAWKINS, PHILIP L 1850 K. ST. N. W. STE. 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVPS MADRID, LINDA A 1850 K. ST. N. W. STE. 500 WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS PULSCH, ANNE MARIE 1850 K. STREET WASHINGTON, DC 20006
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT LEE, DAVID 1850 K STREET NW STE 500 WASHINGTON, DC 20006

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Lee* **David Lee**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04
Date

202-729-7599
Daytime Phone #