

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90851 001 ***300.00

0620569
AT

DOCUMENT # F97000003988



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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-1979824**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	CARR, THOMAS A	
STREET ADDRESS	1850 K. ST. N. W. STE. 500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	RIFFEE, STEPHEN E	
STREET ADDRESS	1850 K. ST. N. W. STE. 500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	HAWKINS, PHILIP L	
STREET ADDRESS	1850 K. ST. N. W. STE. 500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	EVPS	<input type="checkbox"/> Delete
NAME	MADRID, LINDA A	
STREET ADDRESS	1850 K. ST. N. W. STE. 500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	ACS	<input type="checkbox"/> Delete
NAME	PULSCH, ANNE MARIE	
STREET ADDRESS	1850 K. STREET	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	LEE, DAVID	
STREET ADDRESS	1850 K STREET NW STE 500	
CITY-ST-ZIP	WASHINGTON DC 20006	

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, THOMAS A	
STREET ADDRESS	1850 K ST NW #500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAWKINS, PHILIP L	
STREET ADDRESS	1850 K ST NW #500	
CITY-ST-ZIP	WASHINGTON DC 20006	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **SIGNATURE REQUIRED**

4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)