

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006687

FILED
Apr 26, 2012
Secretary of State

Entity Name: CAPREIT OF SUMMER TRACE, INC.

Current Principal Place of Business:

11200 ROCKVILLE PIKE
SUITE 100
ROCKVILLE, MD 20852 US

New Principal Place of Business:

Current Mailing Address:

11200 ROCKVILLE PIKE
SUITE 100
ROCKVILLE, MD 20852 US

New Mailing Address:

FEI Number: 52-2072838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KADISH, RICHARD L
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

Title: SVPC
Name: ESPOSITO, BRUCE A
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

Title: VPC
Name: GOODSSELL, EUGENE
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

Title: SVPS
Name: GOLDSHINE, JEFFREY A
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

Title: SVPS
Name: HEYMANN, ERNEST L
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

Title: VP
Name: COLLINS, TERENCE J
Address: 11200 ROCKVILLE PIKE SUITE 100
City-St-Zip: ROCKVILLE, MD 20852

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TERENCE J COLLINS

VP

04/26/2012

Electronic Signature of Signing Officer or Director

_____ Date