

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 03, 2001 8:00 am**
Secretary of State

05-03-2001 91136 021 ***150.00

0443554

DOCUMENT # F98000001431

1. Entity Name

ZIMCO/MELBOURNE CORPORATION

Principal Place of Business

**7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814**

Mailing Address

**7200 WISCONSIN AVE.
SUITE 1100
BETHESDA MD 20814**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-2088547**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE. 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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, 2001 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

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DCC ZICKLER, LEO E 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S ABRAMS, MARC B 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TV WILLARD, KENNETH C 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS EWERS, MARY A 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCOO LAVIN, FRANCIS P 7200 WISCONSIN AVE., STE. 1100 BETHESDA MD 20814 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD Terry Considine 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Peter K. Kompaniez 2000 S. Colorado Blvd., Tower Two, #2-1000 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP Patrick J. Foye 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVPS Joel Bonder 2000 S. Colo. Blvd., Tower Two, #2-1000 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVPT Patricia K. Heath 2000 S. Colo Blvd., Tower Two, #2-1000 Denver, CO 80222 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input 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)(l), 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: *Patricia K. Heath*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Heath Senior VP/Treasurer 4-26-01 (303- 757-8101)

Date

Daytime Phone #

CR2E034 (10/00)