2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 01, 2000 8:00 am Secretary of State DOCUMENT # F98000001866 1. Entity Name CM INTERNATIONAL SHOPPES, INC. 02-01-2000 90130 037 ***150.00 Principal Place of Business Mailing Address 11200 ROCKVILLE PIKE ATTN: JULIE WHITE 11200 ROCKVILLE PIKE 5TH FL ROCKVILLE MD 20852 ROCKVILLE MD 20852-3154 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 52-2092237 Not Aggin Country Country Zin \$8.75 Additional Zip 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. TAND SUCKABLE FORE HUNGACHE, DUNIES 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Additior TITLE CD Delete TITLE NAME NAME DOCKSER, WILLIAM B STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20852** ☐ Change Addition ☐ Delete TITLE NAME WILLOUGHBY, H. W STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Change ☐ Addition Delete TITLE TITLE AZZARA, CYNTHIA D NAME NAME STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20852** Delete Change ☐ Addition TITLE TITLE NAME NAME HANSON, BRIAN L STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20852 X** Delete Change ☐ Addition TITLE TITLE NAME COOPER, DOUGLAS L NAME STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-ZIP ROCKVILLE MD 20852 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME IANNARONE, DAVID B STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE CITY-ST-ZIP CITY-ST-7IP **ROCKVILLE MD 20852**

13. 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 24 00 301-468-3160