

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001866

1. Entity Name
CM INTERNATIONAL SHOPPES, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90097 025 ***150.00

Principal Place of Business
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

Mailing Address
ATTN: JULIE WHITE
11200 ROCKVILLE PIKE 5TH FL
ROCKVILLE MD 20852



2. Principal Place of Business

11200 ROCKVILLE PIKE

Suite, Apt. #, etc.

4th FLOOR

City & State

ROCKVILLE, MD

Zip

20852

Country

USA

3. Mailing Address

ATTN: JULIE WHITE
11200 ROCKVILLE PIKE

Suite, Apt. #, etc.

4th FLOOR

City & State

ROCKVILLE, MD

Zip

20852

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 52-2092237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
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. 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, 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

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	DOCKSER, WILLIAM B	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLOUGHBY, H. W	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AZZARA, CYNTHIA D	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HANSON, BRIAN L	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	V	<input type="checkbox"/> Delete
NAME	IANNARONE, DAVID B	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D/C/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY S. BLATTMAN	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE, MD 20852	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG M. LIEBERMAN	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE, MD 20852	
TITLE	D/V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSAN B. RAILEY	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE, MD 20852	
TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. LIBERA	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE, MD 20852	

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:

MARK A. LIBERA
REQUIRED VICE PRESIDENT
GENERAL COUNSEL

301-255-0676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CP2E034 (10/02)