## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT/(UBR)

F98000001867 DOCUMENT #



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

CM INTE	<sup>ne</sup> RNATIONAL SHOPPES II, I	NC. $\checkmark$		04-30-2003 90097 0	)26 ***150.00	
11200 ROCKV ROCKVILLE N	AD 20852 Place of Business	Mailing Address ATTN: JULIE WHITE 11200 ROCKVILLE PIKE. ROCKVILLE MD 20852 US 3. Mailing Address				
Suite, Apt.	ROCKVILLE PIKE L. OOR	Suite, Apt, #_etc.	ILLE PK. 4th	KLOUR CHECK HERE IF MAKE	ING CHANGES	
<del></del>	TILLE, MD	City & State ROCKVILLE,	MO	4. FEI Number 52-2092235	Applied For Not Applicable	
2085		20852	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Name				, ·		
1	NRAI SERVICES INC			Street Address (P.O. Box Number is Not Acceptable)		
526 E PARK AVE					<del></del>	
TALLAHASSEE FL 32301					ì	
			City	F	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						
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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	\$5.00 May Be	
Make Check	k Payable to Florida Department o	of State		Trust Fund Contribution.		
			111			
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
	OFFICERS AND		TITLE /	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
10.	OFFICERS AND	DIRECTORS	TITLE /	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 11	
10. TITLE NAME	OFFICERS AND DC DOCKSER, WILLIAM B	DIRECTORS	TITLE C/A NAME B/A STREET ADDRESS //2	ADDITIONS/CHANGES TO OFFICERS A PD RRY S. BLATTM AN OD ROCK VILLE PIKE	IND DIRECTORS IN 11  Change Addition	
10. TITLE NAME STREET ADDRESS	OFFICERS AND DC DOCKSER, WILLIAM B 11200 ROCKVILLE PIKE	DIRECTORS	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS A PPD RRY S. BLATTM AN OO ROCK VILLE PIKE CKVILLE, MD 2085	ND DIRECTORS IN 11 Change Addition Change Change	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND DC DOCKSER, WILLIAM B 11200 ROCKVILLE PIKE ROCKVILLE MD 20852 PD WILLOUGHBY, H. W	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES TO OFFICERS A PPD RRY S. BLATTM AN OO ROCK VILLE PIKE CKVILLE, MD 2085	ND DIRECTORS IN 11 Change Addition Change Change	
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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:

VICE PRESIDENT