

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

03-06-2002 90030 009 ***150.00

DOCUMENT # F98000002383

1. Entity Name
CM PLAZA II, INC.

Principal Place of Business
**11200 ROCKVILLE PIKE
ROCKVILLE MD 20852**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **52-2089844**

Applied For
Not Applicable

Zip

Country

Zip

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name
NRAI Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 E. Park Avenue
City **Tallahassee** FL Zip Code **32301**

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 Ed Hand - Asst. Sec
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/2/02

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, 2002 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	CD	<input type="checkbox"/> Delete
NAME	DOCKSER, WILLIAM B	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLOUGHBY, H. WILLIAM	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE	DV	<input type="checkbox"/> Delete
NAME	AZZARA, CYNTHIA O	
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	V	<input type="checkbox"/> Delete
NAME	HANSON, BRIAN L SR.	
STREET ADDRESS	11200 ROCKVILLE PIKE	
CITY-ST-ZIP	ROCKVILLE MD 20852	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID B. IANNARONE

Date

Daytime Phone #

2/20/02

301-816-2306

CR2E034 (9/01)