

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90097 028 ***150.00

0621283 AT

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**



2. Principal Place of Business
11200 ROCKVILLE PIKE

3. Mailing Address
ATTN: Julie White

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
11200 Rockville Pike, 4th Fl.

City & State
Rockville, MD

City & State
Rockville, MD

Zip
20852

Country
USA

Zip
20852

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2089844**

Applied For
Not Applicable

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

**NRAI SERVICES, INC
526 E PARK AVE
TALLAHASSEE FL 32301**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
DOCKSER, WILLIAM B
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C/P/D
BARRY S. BLATTMAN
11200 ROCKVILLE PIKE
ROCKVILLE, MD 20852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
WILLOUGHBY, H. WILLIAM
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
CRAIG M. LIEBERMAN
11200 ROCKVILLE PIKE
ROCKVILLE, MD 20852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
AZZARA, CYNTHIA O
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D/V/T ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
IANNARONE, DAVID B
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANSON, BRIAN L SR.
11200 ROCKVILLE PIKE
ROCKVILLE MD 20852** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
MARK A. LIBERA
11200 ROCKVILLE PIKE
ROCKVILLE, MD 20852** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V/S
SUSAN B. RAILEY
11200 ROCKVILLE PIKE
ROCKVILLE, MD 20852** ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE: [Signature] DESIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARK A. LIBERA
VICE PRESIDENT
GENERAL COUNSEL**

Date

301-255-0676
Daytime Phone #

CR2E034 (10/02)