2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

F98000002385

1. Entity Name

CM PLAZA, INC.



04-30-2003 90097 024 ***150.00

FILED

Apr 30, 2003 8:00 am Secretary of State

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 ROCKVILLE PIKE 3. Mailing Address

CHECK HERE IF MAKING CHANGES

52-2085939

Applied For Not Applicable

6. Name and Address of Current Registered

5. Certificate of Status Desired

\$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301 Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

City

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

9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE BARRYS, BLATTMAN DOCKSER, WILLIAM B NAME NAME 11200 ROCKVILLE PIKE STREET ADDRESS 11200 ROCKVILLE PIKE STREET ADDRESS PCKVILLE, MD 20852 CITY-ST-ZIP **ROCKVILLE MD 20852** CITY-ST-ZIP TITLE Delete TITLE Addition CRAIG M. LIEBERMA WILLOUGHBY, H. WILLIAM NAME 11200 ROCKVILLE PIKE STREET ADDRESS 11200 ROCKVILLE PIKE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ROCKVILLE MD 20852** ROCKUILLE, MD 20852 TITLE VD ☐ Delete TITLE Change ☐ Addition NAME AZZARA, CYNTHIA O NAME STREET ADDRESS 11200 ROCKVILLE PIKE STREET ADDRESS CITY-ST-ZIP **ROCKVILLE MD 20852** CITY-ST-ZIP Addition Change TITLE Detete TITLE IANNARONE, DAVID B NAME NAME STREET ADDRESS 11200 ROCKVILLE PIKE STREET ADDRESS CITY-ST-ZIP ROCKVILLE MD 20852 CITY-ST-ZIP TITLE Change Addition TITLE **X** Delete HANSON, BRIAN L NAME NAME SUSAN B. RAILEY STREET ADDRESS STREET ADDRESS 11200 ROCKVILLE PIKE 11200 ROCKVILLE PIKE CITY-ST-ZIP **ROCKVILLE MD 20852** CITY-ST-ZIP ROCKYILLE, MD Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 11200 ROCKVIL CITY-ST-ZIP

12. Thereby 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 attackment with an address, with all other like empowered.

SIGNATURE:

CR2E034 (10/02)