

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90060 037 ***150.00

DOCUMENT # F98000006032

1. Entity Name

ILM II HOLDING, INC.

Principal Place of Business

Mailing Address

28 STATE STREET, STE 1100
BOSTON MA 02109

28 STATE STREET, STE 1100
BOSTON MA 02109-1775

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-3783950**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARLSON, DAVID**
STREET ADDRESS **28 STATE STREET, STE 1100**
CITY-ST-ZIP **BOSTON MA**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **J. William Sharman Jr.**
CITY-ST-ZIP **515 Louisiana, Suite 300 Houston, TX**

TITLE **VD** ☐ Delete
NAME **REDELE, JULIEN G**
STREET ADDRESS **211 N UNION STREET, STE 111**
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Carl J. Schramm**
CITY-ST-ZIP **658 Kenilworth Drive, Suite 100 Towson, MD 21204**

TITLE **SD** ☐ Delete
NAME **DWYER, JEFFREY R**
STREET ADDRESS **1300 CONNECTICUT AVE., NW STE 1000**
CITY-ST-ZIP **WASHINGTON DC**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

David Carlson **David Carlson, President** 2/24/00 617-573-5035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)