

# 2000 UNIFORM BUSINESS REPORT (UBR)

0008546

DOCUMENT # F98000006405

1. Entity Name

CRESTLINE CAPITAL CORPORATION

FILED

00 APR -4 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10400 FERNWOOD RD., DEPT. 862  
BETHESDA MD 20817

10400 FERNWOOD RD., DEPT. 862  
BETHESDA MD 20817-1109

2. Principal Place of Business

6600 Rockledge Drive

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Bethesda, MD

City & State

Bethesda, MD

Zip

20817-1109

Country

US

Zip

20817-1109

Country

US

4. FEI Number

52-2039044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
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.

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 PD ☐ Delete  
NAME WARDINSKI, BRUCE D  
STREET ADDRESS 6317 BARSKY CT.  
CITY-ST-ZIP FAIRFAX STATION VA 22039

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

TITLE V ☐ Delete  
NAME FRANCIS, JAMES L  
STREET ADDRESS 19205 AUTUMN MAPLE LN.  
CITY-ST-ZIP GAITHERSBURG MD 20879

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

TITLE V ☐ Delete  
NAME COLDEN, TRACY  
STREET ADDRESS 1501 VAN BUREN ST. NW  
CITY-ST-ZIP WASHINGTON DC

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

TITLE T ☐ Delete  
NAME FRANCIS, JAMES L  
STREET ADDRESS 19205 AUTUMN MAPLE LN.  
CITY-ST-ZIP GAITHERSBURG MD 20879

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

TITLE S ☐ Delete  
NAME COLDEN, TRACY  
STREET ADDRESS 1501 VAN BUREN ST. NW  
CITY-ST-ZIP WASHINGTON DC

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

TITLE D ☒ Delete  
NAME NASSETTA, CHRISTOPHER J  
STREET ADDRESS 2904 N. DINWIDDIE ST.  
CITY-ST-ZIP ARLINGTON VA 22207

TITLE ☒ Change ☒ Addition  
NAME Asst. Secretary  
STREET ADDRESS Elizabeth R. Lieberman  
CITY-ST-ZIP 6600 Rockledge Drive, Ste. 600  
Bethesda, MD 20817-1109

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:

*Tracy M.J. Colden*

Tracy M.J. Colden

2/29/00

240-694-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)

KE