

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006405

1. Entity Name

CRESTLINE CAPITAL CORPORATION

FILED

02 SEP 183 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

6600 ROCKLEDGE DRIVE
SUITE 600
BETHESDA MD 20817-1109

Mailing Address

6600 ROCKLEDGE DRIVE
SUITE 600
BETHESDA MD 20817-1109



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8405 Greensboro Dr.

3. Mailing Address

8405 Greensboro Dr.

Suite, Apt. #, etc.

Suite 500

Suite, Apt. #, etc.

Suite 500

City & State

McLean, VA

City & State

McLean, VA

4. FEI Number

52-2151967

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 PD
NAME WARDINSKI, BRUCE D
STREET ADDRESS 6317 BARSKY CT.
CITY-ST-ZIP FAIRFAX STATION VA 22039

☐ Delete

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

☐ Delete

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

☐ Delete

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

☒ Delete

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

☐ Delete

TITLE AS
NAME LIEBERMAN, ELIZABETH R
STREET ADDRESS 6600 ROCKLEDGE DRIVE, STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 5805 Ridings Manor Place
CITY-ST-ZIP Centreville, VA 20120

☒ Change ☐ Addition

TITLE
NAME Chief Operating Officer
STREET ADDRESS 13509 Stonebarn La.
CITY-ST-ZIP Gaithersburg, MD 20878

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 000007828050--0

☐ Change ☐ Addition

TITLE Ex.V.P./CFO/Treasurer
NAME Larry K. Harvey
STREET ADDRESS 3009 Franklin Corner La.
CITY-ST-ZIP Herndon, VA 20171

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 8405 Greensboro Dr., Suite 500
CITY-ST-ZIP McLean, VA 22102

☒ Change ☐ Addition

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:

Elizabeth R. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02

Date

571-382-1708

Daytime Phone #

CR2E034 (4/02)



282

ACCOUNT NO. : 072100000032

REFERENCE : 746845 5152386

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 750.00

ORDER DATE : September 17, 2002

ORDER TIME : 10:34 AM

ORDER NO. : 746845-005

CUSTOMER NO: 5152386

CUSTOMER: Ms. A. B. Fox
Crestline Hotels & Resorts A
8405 Greensboro Drive
Suite 500
Mc Lean, VA 22102

RECEIVED
02 SEP 18 AM 11:47
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32304

ANNUAL REPORT FILING

NAME: CRESTLINE CAPITAL CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - Ext. 1115

EXAMINER'S INITIALS: _____