

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90075 008 ***150.00

DOCUMENT # F99000005904

1. Entity Name

CHARLES E. SMITH REALTY COMPANY

Principal Place of Business

**2345 CRYSTAL DRIVE, TENTH FLOOR
 ARLINGTON VA 22202**

Mailing Address

**2345 CRYSTAL DRIVE, TENTH FLOOR
 ARLINGTON VA 22202**

2. Principal Place of Business

9200 E. Panorama Circle

3. Mailing Address

9200 E. Panorama Circle

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

Suite 400

City & State

Englewood, CO

City & State

Englewood, CO

Zip

80112

Country

USA

Zip

80112

Country

USA

4. FEI Number

54-1713547

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **SMITH, ROBERT H**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **D** ☐ Delete
 NAME **KOGOD, ROBERT P**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **D** ☒ Delete
 NAME **GERARDI, ERNEST JR.**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **PCEO** ☒ Delete
 NAME **GERARDI, ERNEST JR.**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **GSVP** ☒ Delete
 NAME **ZIMET, ROBERT D GC**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

TITLE **EVP** ☐ Delete
 NAME **MINAMI, W D CFO**
 STREET ADDRESS **2345 CRYSTAL DRIVE**
 CITY-ST-ZIP **ARLINGTON VA 22202**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☒ Addition
 NAME **Chairman and CEO**
 STREET ADDRESS **R. Scot Sellers**
 CITY-ST-ZIP **9200 E. Panorama Circle, Suite 400**

TITLE ☐ Change ☒ Addition
 NAME **EVP and CFO**
 STREET ADDRESS **Charles E. Mueller, Jr.**
 CITY-ST-ZIP **9200 E. Panorama Circle, Suite 400**

TITLE ☐ Change ☒ Addition
 NAME **Vice President**
 STREET ADDRESS **David Flory**
 CITY-ST-ZIP **9200 E. Panorama Circle, Suite 400**

TITLE ☐ Change ☐ Addition
 NAME
 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 empowerments.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

David M. Flory

4/7/02 (303) 708-5959
 Date Daytime Phone #

CRE034 (9/01)