

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90151 040 ***150.00

DOCUMENT # F99000006459

1. Entity Name
CARR REAL ESTATE SERVICES, INC.

Principal Place of Business Mailing Address
1850 K STREET, N.W. **1850 K STREET, N.W.**
WASHINGTON CD 20006 **WASHINGTON CD 20006**

962561



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
52-1807981 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARR, ROBERT O	NAME	
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CD 20006	CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JOHN J JR.	NAME	
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CD 20006	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRALOWER, STEVEN N	NAME	
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CD 20006	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JOSEPH	NAME	<i>Joseph B. Donoran</i>
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	<i>J. Bralower</i>
CITY-ST-ZIP	WASHINGTON CD 20006	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRENINGER, RICH SR	NAME	
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CD 20006	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, PHILLIP SR	NAME	
STREET ADDRESS	1850 K STREET, N.W.	STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON CD 20006	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: *Joseph B. Donoran* Date: **4/19/02** Daytime Phone #: **202-729-7506**

CR2E034 (9/01)