2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2012
Secretary of State

DOCUMENT# L00000002531

Entity Name: COMMERCE CENTER HOLDINGS LLC

Current Principal Place of Business:

7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA, MD 20814 US

New Principal Place of Business:

7501 WISCONSIN AVENUE
SUITE 1500E
BETHESDA, MD 20814 US

Current Mailing Address:

7501 WISCONSIN AVENUE
SUITE 1500
BETHESDA, MD 20814 US

New Mailing Address:

7501 WISCONSIN AVENUE
SUITE 1500E
BETHESDA, MD 20814 US

FEI Number: 52-6053341 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: V
Name: HEASLEY, ROSS E
Address: 7501 WISCONSIN AVENUE - SUITE 1500E
City-St-Zip: BETHESDA, MD 20814 US

Title: P
Name: SAUL, B. FRANCIS III
Address: 7501 WISCONSIN AVENUE- SUITE 1500E
City-St-Zip: BETHESDA, MD 20814 US

Title: T
Name: FRIEDMAN, JOEL A
Address: 7501 WISCONSIN AVENUE -SUITE 1500E
City-St-Zip: BETHESDA, MD 20814 US

Title: D
Name: SAUL II, B. FRANCIS
Address: 7501 WISCONSIN AVENUE -SUITE 1500E
City-St-Zip: BETHESDA, MD 20814 US

Title: S
Name: SUSTERSICH, MERLE F
Address: 7501 WISCONSIN AVENUE - SUITE 1500E
City-St-Zip: BETHESDA, MD 20814 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: MERLE F. SUSTERSICH S 02/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date