## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000002357

Entity Name: E-CRM CENTRAL, LLC

**Current Principal Place of Business:** 

TURNER, TERRI L

BENZ, NANCY L

AS

10400 FERNWOOD RD

BETHESDA, MD 20817

10400 FERNWOOD ROAD

BETHESDA, MD 20817

HANDLON, CAROLYN B

BETHESDA, MD 20817

10400 FERNWOOD RD

BETHESDA, MD 20817

STANT JEEF B

10400 FERNWOOD ROAD

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(X) Delete

Name:

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City-St-Zip:

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Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

**New Principal Place of Business:** 

GORDON, BANCROFT S

10400 FERNWOOD RD

BETHESDA, MD 20817

FLOYD, LAURA L

1965 MARRIOTT DR

LOUISVILLE, TN 37777

(X) Change ( ) Addition

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AS

10400 FERNWOOD RD **DEPT 924.13** BETHESDA, MD 20817 **Current Mailing Address: New Mailing Address:** 10400 FERNWOOD RD PO BOX 699 **DEPT 924.13** LOUISVILLE, TN 37777 BETHESDA, MD 20817 FEI Number: 52-2283659 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC. CORPORATION SERVICE COMPANY 1201 HAYS STREET, STE. 105 1201 HAYS STREET, STE. 105 TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 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: KARIN DUNN 04/16/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete WATZKA, PETER J Name: Name: 10400 FERNWOOD ROAD Address: Address: City-St-Zip: BETHESDA, MD 20817 City-St-Zip: Title: Title: (X) Change ( ) Addition ( ) Delete PULSE, M. LESTER JR Name: JORDAN, HORACE E Name: Address: 10400 FERNWOOD ROAD Address: 10400 FERNWOOD ROAD City-St-Zip: BETHESDA, MD 20817 City-St-Zip: BETHESDA, MD 20817 Title: () Delete Title: (X) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

Name:

Title:

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City-St-Zip:

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City-St-Zip:

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City-St-Zip:

SIGNATURE: LAURA L FLOYD AS 04/16/2009