FILED

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2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M0100000319

1. Entity Name

CLARK RESIDENTIAL, LLC



Principal Place of Business Mailing Address 7500 OLD GEORGETOWN RD. 7500 OLD GEORGETOWN RD. BETHESDA MD 20814 BETHESDA MD 20814 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 52-2279014 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete ☐ Change ■ Addition HUBBARD, RAYMOND L NAME NAME 7500 OLD GEORGETOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20814 CITY-ST-ZIP MGR Change ☐ Addition TITLE ☐ Defete TITLE FORSTER, PETER C NAME 7500 OLD GEORGETOWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BETHESDA MD 20814 MGR~ ☐ Delete TITLE TITLE Change ☐ Addition MONTGOMERY, DAN T NAME NAME STREET ADDRESS 7500 OLD GEORGETOWN ROAD STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20814 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition FLEMING, JR., C. NEAL NAME NAME 7500 OLD GEORGEOTWN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BETHESDA MD 20814 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-7IP

11. I hereby certify that the information supplied with this filling 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 is true and accurate and that my 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

REQUIFCENeal Fleming, Jr. SIGNATURE:

1/13/03

301-272-8100

Daytime Phone #