

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # MO1000000632**

1. Entity Name

TERMINAL DRIVE PROPERTIES, LLC**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90595 049 ****50.00

Principal Place of Business

**8401 CONNECTICUT AVENUE
CHEVY CHASE MD 20815**

Mailing Address

**8401 CONNECTICUT AVENUE
CHEVY CHASE MD 20815****908191**

2. Principal Place of Business

7501 Wisconsin Avenue

3. Mailing Address

7501 Wisconsin Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Bethesda, Md. 20814City & State
Bethesda, Md. 20814

4. FEI Number

54-1747732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00** 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**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-------------------|-----------------------------------|---------------------|---------------------------------|
| P | Campbell, Guy III | 7501 Wisconsin Avenue, 15th FLOOR | Bethesda, Md. 20814 | <input type="checkbox"/> |
| V | Rivers, Robert B. | 7501 Wisconsin Avenue, 11th Floor | Bethesda, Md. 20814 | <input type="checkbox"/> |
| V | Joel Friedman | 7501 Wisconsin Avenue | Bethesda, Md 20814 | <input type="checkbox"/> |
| S | Mary Lou Hayes | 7501 Wisconsin Avenue, 15th Floor | Bethesda, Md. 20814 | <input type="checkbox"/> |
| D | Stephen Halpin | 7501 Wisconsin Avenue | Bethesda, Md. 20814 | <input type="checkbox"/> |
| V | Dorene Varbero | 7501 Wisconsin Avenue | Bethesda, Md. 20814 | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

11. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/22/02 (240) 497-7136