2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 04, 2002
Secretary of State

DOCUMENT# M01000000796

Entity Name: CLARK FACILITY SERVICES, LLC

Current Principal Place of Business:

7500 OLD GEORGETOWN RD.
BETHESDA, MD 20814

New Principal Place of Business:

Current Mailing Address:

7500 OLD GEORGETOWN RD.
BETHESDA, MD 20814

New Mailing Address:

FEI Number: 52-2299206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: AVEDESIAN, DAVID A MR.
Address: 7500 OLD GEORGETOWN ROAD
City-St-Zip: BETHESDA, MD 20814 US

Title: MGR ( ) Change (X) Addition
Name: FORSTER, PETER C MR.
Address: 7500 OLD GEORGETOWN ROAD
City-St-Zip: BETHESDA, MD 20814 US

Title: MGR ( ) Change (X) Addition
Name: FLEMING, JR., C. NEAL MR.
Address: 7500 OLD GEORGETOWN ROAD
City-St-Zip: BETHESDA, MD 20814 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: C. NEAL FLEMING, JR. MGR 01/04/2002

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