2000 UNIFORM BUSINESS REPORT (UBR)

2000 UNIFORM BUSINESS REPORT (UBR)									APPROVED				
DOCUMENT # M9400000086								AND FILED					
1. Entity Name CCC INVESTMENTS I, L.L.C.								00 APR -3 AM 10: 43					
								SECRETARY OF STATE FALLAHASSEE, FLORIDA					
Principal Place of Business 10400 FERNWOOD ROAD, DEPT. 862. SUITE 500 BETHESDA MD 20817-1109 Mailing Address 10400 FERNWOOD ROAD, DEPT BETHESDA MD 20817-1109 BETHESDA MD 20817-1109						62. Suite	500	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2. Principal Place of Business 6600 Rockledge Drive 3. Mailing Address 6600 Rockledge 1)rive				}		# 	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
Suite 60 City & State Bethesda	e	Suite 600 City & State Bethesda, MD					4. FEI Number Applied For Not Applicable						
Zip 20817–11	09 Cou	intry US	Zip Coun 20817-1109 U			try S	5. Certificate of Status Desired \$5.00 Additional Fee Required						
		Name		7. Name	and Address of Ne	w Registered A	gent						
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHSSEE FL 32301						Street A	Address (P.O. Box Number is Not Acceptable) FL Zip Code						
SIGNATURE	Signature, typed or printed	d name of registered agent a		FILE NO	W!!! F	EE IS \$	•		19)	DATE		·	
9. MANAGING MEMBERS/MEMBERS					10.		.	ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIEBERMAN, ELIZABETH R 10400 FERNWOOD ROAD, DEPT. 862, SUITE 500 BETHESDA MD 20817-1109					E Et address St-zip	© Change ☐ Add 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10400 FERMINOOD ROAD, DET 1. 802, SUITE 300						MGR James L. Francis 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109						
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, CHRISTOPHER G 10400 FERNWOOD ROAD, DEPT. 862, SUITE 500 BETHESDA MD 20817-1109					E Et address St-zip	MGR Steven J. Fairbanks 6600 Rockledge Drive, Ste. 600 Bethesda, MD 20817-1109						
TITLE MAME STREET ADDRESS CITY-ST-ZIP] Delete						03218 /21/00 ***50.00	01014-	□ Addition 	
TITLE MAME STREET ADDRESS CITY-ST-ZIP		·.		Delete						-	☐ Change	Addition	
TITLE MAME STREET ADDRESS CITY-ST-ZIP) Delete							Change	Addition	
indicated	on this report is true	nation supplied with e and accurate and le receiver or trustee	that my signatur	e shall have th	he same	legal effe	ect as if ma	de under	07(3)(i), Florida Statut oath; that I am a ma rida Statutes.	es. I further certi naging member	ify that the ir or manage	nformation r of the	

Tracy M.J. Colden,

240-694-2021

Daytime Phone #