

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M94000000086

1. Entity Name
CCC INVESTMENTS I, L.L.C.

Principal Place of Business
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

Mailing Address
**6600 ROCKLEDGE DR., STE. 600
BETHESDA MD 20817-1109**

FILED

01 FEB 12 AM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

35-1930956

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

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**

**200003743662--1
-02/20/01--01088--006
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR LIEBERMAN, ELIZABETH R ☒ Delete
STREET ADDRESS 6600 ROCKLEDGE DR., STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109

TITLE NAME MGR TRACY M.J. COLDEN ☒ Change ☐ Addition
STREET ADDRESS 6600 ROCKLEDGE DR., STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109

TITLE NAME MGR FRANCIS, JAMES L ☐ Delete
STREET ADDRESS 6600 ROCKLEDGE DR., STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGR FAIRBANKS, STEVEN J ☐ Delete
STREET ADDRESS 6600 ROCKLEDGE DR., STE. 600
CITY-ST-ZIP BETHESDA MD 20817-1109

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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

Tracy M.J. Colden

1/24/01

240-694-0357

Date

Daytime Phone #

0025697 AF

CR2E083 (11/00)