

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000012

1. Entity Name

OAMCO X, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 JUL 19 AM 10:30



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business

% OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVENUE, #1100  
BETHESDA MD 20814

Mailing Address

% OFFICE OF GENERAL COUNSEL  
7200 WISCONSIN AVENUE, #1100  
BETHESDA MD 20814

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1856115

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

THE PRENTICE HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., SUITE 105  
TALLAHASSEE FL 32301

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete  
MGR  
DOWNING, ROBERT B  
STREET ADDRESS  
7200 WISCONSIN AVE., #1100  
CITY-ST-ZIP  
BETHESDA MD 20814

TITLE NAME ☐ Delete  
MGR  
LAVIN, FRANCIS P  
STREET ADDRESS  
7200 WISCONSIN AVE., #1100  
CITY-ST-ZIP  
BETHESDA MD 20814

TITLE NAME ☐ Delete  
MGR  
ZICKLER, LEO E  
STREET ADDRESS  
7200 WISCONSIN AVE., #1100  
CITY-ST-ZIP  
BETHESDA MD 20814

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 REQUIRED*  
FRANCIS P. LAVIN

7-14-00 301-654-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)



ACCOUNT NO. : 072100000032

REFERENCE : 766888 4321985

AUTHORIZATION : *Patricia Pizant*

COST LIMIT : \$ 50.00

ORDER DATE : July 18, 2000

ORDER TIME : 4:03 PM

ORDER NO. : 766888-050

CUSTOMER NO: 4321985

CUSTOMER: Mary Ann Ewers, Legal Asst  
Oxford Realty Financial Group  
7200 Wisconsin Ave.  
11th Floor  
Bethesda, MD 20814-4815

ANNUAL REPORT FILING

NAME: OAMCO X, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: TAMARA

EXAMINER'S INITIALS:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
00 JUL 19 PM 4:38

RECEIVED