

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

0013148 AF

DOCUMENT # M98000001481

1. Entity Name
HMH HPT CBM LLC

00 MAR 29 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address
10400 FERNWOOD ROAD
BETHESDA MD 20817-1109



mf 417

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

NOT APPLICABLE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGR TOWNSEND, CHRISTOPHER G. ☐ Delete
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

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

TITLE NAME MGR PARSONS, ROBERT E JR. ☐ Delete
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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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)(l), 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 Christopher G. Townsend

Date

Daytime Phone #

03-06-00 301-380-7574

CR2E083 (9/99)