

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

M98000001482
HMC OP BN LLC

FILED

01 MAR 20 PM 11:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109

Mailing Address
10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
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 \$5.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PARSONS, ROBERT E. JR.
10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TOWNSEND, CHRISTOPHER G.
10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
WALTER, W. EDWARD
10400 FERNWOOD ROAD
BETHESDA, MD 20817-1109 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
300003910533-0
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*****50.00 *****50.00

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

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

ROBERT E. PARSONS, JR., MGR

03/06/01

301-380-9000

Date

Daytime Phone #

CR2E083 (1/00)