2000 UNIFORM BUSINESS REPORT (UBR)

2000	UNIFO	RM BUSI	NESS REPO)RT (UBR)	APPROVED*
DOCU	MENT #	M9800	0001483		FILEO
1. Entity Nam		1110000			00 MAR 29 AM 9: 11
OBIVI 1440	, LLO				" whu!
Principal Plac	e of Business		Mailing Address	· , 	SECRETARY OF STATE OF STATE SALLAHASSEE. FLORIDA
10400 Fernwa Bethesda Ma			10400 FERNWOOD ROAL BETHESDA MD 20817-11		
Demiloon	<i>D</i> 20011				A TREATORN HIS TOLON TOUR BOUND ABOUT DATE OR THE BOUT BOUND AND THE BOUND HIS TOLONG HI
2. Principal P	Place of Business		3. Mailing Address	 .	
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State	re		City & State		4. FEI Number Applied For
City & State				· · · · · · · · · · · · · · · · · · ·	NOT APPLICABLE Not Applicable
Zip	Cou	untry	Zip	Country	5. Certificate of Status Desired
	6. Name and A	Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301					ress (P.O. Box Number is Not Acceptable)
TALLAHAS	55EE FL 32301			City	FL Zip Code
				'	₹ %
• The element		-11- 11-1	the structure of absorbing it.	a cogistered office or rec	violated agent, or both, in the State of Florida
8. The above	named entity subn	nits this statement for t	the purpose of changing it	s registered office or reg	gistered agent, or both, in the State of Florida.
		nits this statement for t		s registered office or reg	
			d title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating) DATE
			d title if applicable. (NO		equired when reinstating) DATE
Signature .	Signature, typed or printe		of title if applicable. (NO FILE N Make Check Pa	TE: Registered Agent signature re OW!!! FEE IS \$50.	equired when reinstating) DATE
SIGNATURE . 9. TITLE	Signature, typed or printe	d name of registered agent and	of title if applicable. (NO FILE N Make Check Pa	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department	equired when reinstating) DATE DOTE
SIGNATURE . 9. TITLE NAME	Signature, typed or printe MGR TOWNSEND, CI	d name of registered agent and MANAGING MEMBEF HRISTOPHER G	d title if applicable. (NO FILE N Make Check Pa	OW!!! FEE IS \$50. ayable to Departments.	equired when reinstating) .00 ont of State ADDITIONS/CHANGES
SIGNATURE . 9. TITLE NAME \$TREET ADDRESS	Signature, typed or printe MGR TOWNSEND, CI 10400 FERNWC BETHESDA MD	MANAGING MEMBER HRISTOPHER G	Hake Check Paragrams Check P	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME \$TREET ADDRESS CITY-ST-ZIP	equired when reinstating) DATE DOD Int of State ADDITIONS/CHANGES Ctrange Additte
SIGNATURE . 9. TITLE NAME 8TBEET ADDRESS CITY- ST- ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817	d title if applicable. (NO FILE N Make Check Pa	ITE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME \$TREET ADDRESS	equired when reinstating) DATE DOD Int of State ADDITIONS/CHANGES Change Addition Addition
9. TITLE NAME CITY- 8T- ZIP TITLE NAME STREET ADDRESS	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Hake Check Paragrams Check P	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME \$TREET ADDRESS CITY-ST-ZIP TITLE NAME \$TREET ADDRESS	equired when reinstating) DATE DOD Int of State ADDITIONS/CHANGES Change Addition Addition
9. TITLE NAME STREET ADDRESS CITY- 8T- ZIP TITLE NAME STREET ADDRESS CITY- 8T- ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROB	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME \$TREET ADDRESS CITY-ST-ZIP TITLE NAME	DATE
9. TITLE NAME STREET ADDRESS CITY- 8T- ZIP TITLE STREET ADDRESS CITY- 8T- ZIP TITLE NAME	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Hake Check Paragrams Check P	TE: Registered Agent signature re IOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	equired when reinstating) DATE DOD Int of State ADDITIONS/CHANGES Change Addition Addition
9. TITLE NAME STREET ADDRESS CITY- 8T- ZIP TITLE STREET ADDRESS CITY- 8T- ZIP TITLE NAME STREET ADDRESS	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP	DATE
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE MAME STREET ADDRESS CITY- ST- ZIP TITLE MAME STREET ADDRESS CITY- ST- ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DATE
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES Change Additional Add
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Addition Addition Change Addition Addition Change Addition Addition
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	FILE N Make Check Pa RS/MEMBERS Delete Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGES Change Additional Add
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Title if applicable. (NO FILE N Make Check Parameters) Delete Delete Delete	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Addition Addition Change Addition Addition Change Addition Addition
9. 7ITLE NAME 8TREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Title if applicable. (NO FILE N Make Check Pass/MEMBERS Delete Delete Delete Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. TOO TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Addition
9. 7ITLE MAME 8TREET ADDRESS CITY-ST-ZIP TITLE	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Title if applicable. (NO FILE N Make Check Parameters) Delete Delete Delete	TE: Registered Agent signature re OW!!! FEE IS \$50. ayable to Department 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Addition Addition Change Addition Addition Change Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOWNSEND, CI 10400 FERNWO BETHESDA MD MGR PARSONS, ROE 10400 FERNWO	MANAGING MEMBER HRISTOPHER G DOD ROAD 20817 BERT E JR. DOD ROAD	Title if applicable. (NO FILE N Make Check Pass/MEMBERS Delete Delete Delete Delete	TE: Registered Agent signature re TOW!!! FEE IS \$50. TO. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ADDITIONS/CHANGES ADDITIONS/CHANGES Change Addition

REQUICIFIStopher G. Townsend 03-06-00 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

301-380-7574

Daytime Phone #