301-380-9000 Daytime Phone #

2001 UNIFORM	BUSINESS	REPORT	(UBR)
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1. Entity Nar		0001505		,	- · · F	TLED		5
Principal Place of Business 6600 ROCKLEDGE DR SUITE 600 BETHESDA MD 20817 Mailing Address 6600 ROCKLEDGE DR SUITE 60 BETHESDA MD 20817		; Itte 600		OT MAR 20 PM IO: 56 SEGRETARY OF STATE TAIL ARKSSEF FLORIDA				
10400	Principal Place of Business 3. Mailing Address 0400 Fernwood Road 10400 Fernwood Road							
Suite, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc. Dept. 72/923 City & State		4 , FI	DO NOT WRITE IN THIS SPACE 4. FEI Number NOT ADDITION APPLIES Applied For			
Bethes Zip 20817-	da, MD Country	Bethesda, MD Zip 20817-1109	Country USA	-	ertificate of Status Desired	\$5.00 Ac	ot Applicable	1
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							-	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		Street A	et Address (P.O. Box Number is Not Acceptable)				- - - -	
8. The above	named entity submits this statement for t	he purpose of changing its re	City egistered office o	r registered ager	nt, or both, in the State of Florida	FL Zip Coo	de	1
SIGNATURE	Signature, typed or printed name of registered agent and	FILE NO		\$50.00		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR FRANCIS, JAMES L 6600 ROCKLEDGE DR., SUITE 600 BETHESDA MD 20817	□X Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	10400FF	ADDITIONS/CH SIDENT , ROBERT E. JR. ERNWOOD ROAD A, MD 20817-1109	Change	★ Addition	32E083 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLDEN, TRACY M 6600 ROCKLEDGE DR., SUITE 600 BETHESDA MD 20817	XX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR/VICE OLINGER 10400 F	E PRESIDENT/SECRE , DONALD D. ERNWOOD ROAD A. MD 20817-1109	ETARY Change	Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FAIRBANKS, STEVEN F 6600 ROCKLEDGE DR., SUITE 600 BETHESDA MD 20817	XX Delete	TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR/VICI WALTER, 10400 FI	E PRESIDENT/TREAS W. EDWARD ERNWOOD ROAD A, MD 20817-1109	SURER Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST. ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		2000039 1 -03/26/01 *****50,	-01143 ***********************************	0 - 00	
TITLE NAME STREET ADDRESS CITY-ST-21P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated	ertify that the information supplied with th on this report is true and accurate and the bility company or the receiver or trustee er	it My signature shall have the	ette lenal emes -	ct se it made un/	tar nath: that I am a mananing.	ther certify that the ir member or manage	nformation or of the	

SIGNATURE: MICHAEL MICHAEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE