

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name
M98000001518
CBM ONE LLC

FILED

01 MAR 20 PM 10:11

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
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

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
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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:

Robert E. Parsons, Jr.

ROBERT E. PARSONS, JR., MGR

03/06/01

301-380-9000

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

Date

Daytime Phone #

CR2E083 (11/00)