2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001562 1. Entity Name ROCKLEDGE HMC BN LLC

Principal Place of Business 10400 FERNWOOD ROAD BETHESDA MD 20817

Mailing Address

10400 FERNWOOD ROAD BETHESDA MD 20817

2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
City & State	City & State					

FILED May 12, 2002 8:00 am Secretary of State

05-12-2002 90586 022 ****50.00

HOST MARRIOTT CORP.



	Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE							
			4. FEI Num	4. FEI Number NOT APPLICABLE							
Country	Zip Coun		try	5. Certifica	5. Certificate of Status Desired				\$5.00 /		
ne and Address of Current	Registered Agent		T	7. Name a	nd Addr	ess of Nev	v Regis		<u>.</u>		
CE HALL COPPORATION	CVCTEN INC		Name								
1201 HAYS STREET TALLAHASSEE FL 32301			Street Address (P.O. Box Number is Not Acceptable)								
			City		·			FL	Zip Ci	ode	
					ooth, in t	he State of		DATE			
	Make Check	Payable to	o Department								
MANAGING MEMBE	RS/MANAGERS	10.				ADDITION	IS/CHA	NGES			
FERNWOOD ROAD	☐ Delete	NAM8 STREE	E ET ADORESS						☐ Chang	e 🔲 Additid	
FERNWOOD ROAD	☐ Delete	NAME STREE	E ET ADDRESS						☐ Change	e 🔲 Additio	
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	me and Address of Current CE-HALL CORPORATION STREET EE FL 32301 ntity submits this statement for	Country Zip me and Address of Current Registered Agent CE-HALL CORPORATION SYSTEM, INC. STREET EE FL 32301 Initity submits this statement for the purpose of changing over printed name of registered agent and title if applicable. FILE Make Check MANAGING MEMBERS/MANAGERS Delete ER, W. EDWARD FERNWOOD ROAD SDA MD 20817 Delete Delete Delete Delete	CE-HALL CORPORATION SYSTEM, INC. STREET EE FL 32301 Initity submits this statement for the purpose of changing its registered agent and title if applicable. FILE NOW!!! Make Check Payable to Due By Make Check Pay	Country Zip Country Name Name CE-HALL CORPORATION SYSTEM, INC. Street Address Intle Now!!! FEE IS \$5.0.00 Make Check Payable to Department Due By May 1, 2002 MANAGING MEMBERS/MANAGERS ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP ITILE NAME	Country Zip Country 5. Certifice me and Address of Current Registered Agent CE-HALL CORPORATION SYSTEM, INC. STREET EE FL 32301 City City City City FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. FR, W. EDWARD FERNWOOD ROAD SIDA MD 20817 Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP Delete TILE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME	Country Country Country Country 5. Certificate of Ste 7. Name and Addr 7. Name and Addr CE-HALL CORPORATION SYSTEM, INC. STREET EE FL 32301 City City City City FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS TILE MANE MANAGING MEMBERS/MANAGERS TILE MANE MANAGER Delete TILE MANE STREET ADDRESS CITY-ST-ZIP Delete TILE MANE STREET ADDRESS CITY-ST-ZIP TILE MANE TILE MANE STREET ADDRESS CITY-ST-ZIP TILE MANE TILE MANE TILE MANE STREET ADDRESS CITY-ST-ZIP TILE MANE	Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Name Street Address (P.O. Box Number is Not Accepte Street Address (P.O. Box Number is Not Accepte City City City City City City Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITION MANAGING MEMBERS/MANAGERS 10. ADDITION BROWNED FERNWOOD ROAD SIDA MD 20817 Delete NAME STREET ADDRESS CITY- ST- ZIP Delete TITLE NAME	Country Zip Country S. Certificate of Status Desired [ne and Address of Current Registered Agent 7. Name and Address of New Regis Name CE-HALL CORPORATION SYSTEM, INC. STREET EE FL 32301 City City City City City Title NoW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. MANAGING MEMBERS/MANAGERS 11. ER, W. EDWARD FERNWOOD ROAD SDA MD 20817 Delete TITLE NAME STREET ADDRESS CITY-ST-2P Delete TITLE NAME	Country Zip Country Zip Country 5. Certificate of Status Desired Name Name Street Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City FL Street Address	Country Zip Country 5. Certificate of Status Desired \$5.00 to Status Desired \$5.00 to Status Desired \$5.00 to Status Desired \$5.00 to Street Address of Current Registered Agent	

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.

02/05/02 Date

(301) 380-4187