

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name

M98000001573
HMC AMELIA I LLC

FILED

01 MAR 20 PM 11:00

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

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

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE MGR ☐ Change ☒ Addition
NAME FERRUCCI, MARK A.
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON, DE 19805

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

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

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

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 (11/00)