

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000007

1. Entity Name

CCMH COURTYARD I LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR -3 AM 8:55

Principal Place of Business

10400 FERNWOOD ROAD
BETHESDA MD 20817

Mailing Address

10400 FERNWOOD ROAD
BETHESDA MD 20817-1109

2. Principal Place of Business

6600 Rockledge Dr.

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.

Suite 600

Suite, Apt. #, etc.

Suite 600

City & State

Bethesda, MD

City & State

Bethesda, MD

Zip

20817-1109

Country

USA

Zip

20817-1109

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR ☐ Delete
NAME FRANCIS, JAMES L
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE MGR ☐ Delete
NAME COLDEN, TRACEY M.J.
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE MGR ☐ Delete
NAME STEMERMAN, BRUCE F
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE MGR ☐ Delete
NAME FERRUCCI, MARK A
STREET ADDRESS 1209 ORANGE STREET
CITY-ST-ZIP WILMINGTON DE 19801

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 6600 Rockledge Dr., Suite 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE ☐ Change ☐ Addition
NAME (Same as above)
STREET ADDRESS
CITY-ST-ZIP

TITLE Mgr ☒ Change ☐ Addition
NAME Steven J. Fairbanks
STREET ADDRESS 6600 Rockledge Dr., Suite 600
CITY-ST-ZIP Bethesda, MD 20817-1109

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:

Tracy M.J. Colden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Tracy M.J. Colden, 2/25/00 (240) 694-2000

Date

Daytime Phone #

CR2E083 (9/99)