2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N98000004749

Entity Name: I-95/YAMATO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

B.F. SAUL COMPANY/ SAUL CENTERS, INC.
7501 WISCONSIN AVE., SUITE 1500
BETHESDA, MD 206146622

New Principal Place of Business:

Current Mailing Address:

B.F. SAUL COMPANY/ SAUL CENTERS, INC.
7501 WISCONSIN AVE., SUITE 1500
BETHESDA, MD 206146622

New Mailing Address:

FEI Number: 52-2234581 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SAUL, B. FRANCIS II
Address: 7501 WISCONSIN AVE, STE 1500
City-St-Zip: BETHESDA, MD 208146522

Title: PTD ( ) Delete
Name: SAUL, B. FRANCIS III
Address: 7501 WISCONSIN AVE, STE 1500
City-St-Zip: BETHESDA, MD 208146522

Title: SD ( ) Delete
Name: HEASLEY, ROSS E
Address: 7501 WISCONSIN AVE, STE 1500
City-St-Zip: BETHESDA, MD 208146522

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTA LOWE MS 07/03/2006

Electronic Signature of Signing Officer or Director — Date