

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004749

FILED  
Feb 14, 2012  
Secretary of State

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:

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

## Current Mailing Address:

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

## New Mailing Address:

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

FEI Number: 52-2234581

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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  
Name: SAUL, B. FRANCIS II  
Address: 7501 WISCONSIN AVE, STE 1500E  
City-St-Zip: BETHESDA, MD 208146522

Title: P  
Name: SAUL, B. FRANCIS III  
Address: 7501 WISCONSIN AVE, STE 1500E  
City-St-Zip: BETHESDA, MD 208146522

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

Title: VP  
Name: CONNORS, PATRICK T  
Address: 7501 WISCONSIN AVE, STE 1500E  
City-St-Zip: BETHESDA, MD 20814

Title: D  
Name: PARKER, JESSICA L  
Address: 7501 WISCONS AVE, STE 1500E  
City-St-Zip: BETHESDA, MD 20814

I hereby 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 all other like empowered.

SIGNATURE: PATRICK T. CONNORS

VP

02/14/2012

Electronic Signature of Signing Officer or Director

Date