

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 23, 2002 8:00 am**  
**Secretary of State**

09-23-2002 90046 008 \*\*\*550.00

**DOCUMENT # P00932**

1. Entity Name

**MANOR INVESTMENT COMPANY**

Principal Place of Business

**8401 CONNECTICUT AVE  
TAX DEPT 8TH FLOOR  
CHEVY CHASE MD 20815  
US**

Mailing Address

**8401 CONNECTICUT AVE  
TAX DEPT 8TH FLOOR  
CHEVY CHASE MD 20815  
US**

2. Principal Place of Business

**7501 Wisconsin Avenue**

3. Mailing Address

**7501 Wisconsin Avenue**

Suite, Apt. #, etc.

**Tax Department 7th floor**

Suite, Apt. #, etc.

**Tax department 7th floor**

City & State

**Bethesda, MD 20814**

City & State

**Bethesda, MD 20814**

Zip

Country

**US**

Zip

Country

**US**

4. FEI Number

**52-0941467**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00  
After September 13, 2002 Fee will be \$750.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **SAUL, B. FRANCIS II**  
STREET ADDRESS **8401 CONNECTICUT AVENUE**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **D** ☒ Change ☐ Addition  
NAME **Saul, B. Francis II**  
STREET ADDRESS **7501 Wisconsin Avenue**  
CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **PD** ☐ Delete  
NAME **CAMPBELL, GUY G III**  
STREET ADDRESS **8401 CONNECTICUT AVE**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Campbell, Guy G III**  
STREET ADDRESS **7501 Wisconsin Avenue**  
CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **VT** ☐ Delete  
NAME **HALPIN, STEPHEN R.JR.**  
STREET ADDRESS **8401 CONNECTICUT AVE.**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **VT** ☒ Change ☐ Addition  
NAME **Halpin, Stephen R. JR**  
STREET ADDRESS **7501 Wisconsin Avenue**  
CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **VP** ☐ Delete  
NAME **PRIEBE, LINDA**  
STREET ADDRESS **8401 CONNECTICUT AVE.**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **VP** ☒ Change ☐ Addition  
NAME **Dorene G. Varbero**  
STREET ADDRESS **7501 Wisconsin Avenue**  
CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **S** ☐ Delete  
NAME **HAYES, MARY L**  
STREET ADDRESS **8401 CONNECTICUT AVE**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

TITLE **S** ☒ Change ☐ Addition  
NAME **Hayes, Mary L**  
STREET ADDRESS **7501 Wisconsin Avenue**  
CITY-ST-ZIP **Bethesda, MD 20814**

TITLE **VP** ☒ Delete  
NAME **VARBERO, DORENE**  
STREET ADDRESS **8401 CONNECTICUT AVENUE**  
CITY-ST-ZIP **CHEVY CHASE MD 20815**

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

13. 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 or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/4/02**

Date

**240-497-7136**

Daytime Phone #

CR2E034 (4/02)