

2000 UNIFORM BUSINESS REPORT (UBR)

0005595

DOCUMENT # P09928

1. Entity Name

CSL GROUP, INC.

FILED

00 APR -4 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

FERNWOOD RD
500
BETHESDA MD 20817-1109

10400 FERNWOOD RD
DEPT. 862, SUITE 500
BETHESDA MD 20817-1109
US

2. Principal Place of Business

6600 Rockledge Drive

Suite, Apt. #, etc.
Suite 600

City & State
Bethesda, MD

Zip
20817-1109

Country
US

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.
Suite 600

City & State
Bethesda, MD

Zip
20817-1109

Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number

61-0703072

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

500003203685--4
-04/11/00--01037--012
150.00FL150.00

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD ☐ Delete
NAME FRANCIS, JAMES
STREET ADDRESS 10400 FERNWOOD ROAD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr. Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE SVD ☐ Delete
NAME COLDEN, TRACY M
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Drive, Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE TV ☐ Delete
NAME HARVEY, LARRY K
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE AS ☐ Delete
NAME LIEBERMAN, ELIZABETH R
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE V ☐ Delete
NAME MCMAHON, JOHN J
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

TITLE VD ☒ Delete
NAME STEMERMAN, BRUCE F
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME ☒ Change ☐ Addition
STREET ADDRESS 6600 Rockledge Dr., Ste. 600
CITY-ST-ZIP Bethesda, MD 20817-1109

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:

Tracy M. J. Colden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tracy M. J. Colden

2/29/00

240-694-2000

Date

Daytime Phone #

CR2E034 (9/99)

KE