

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 12, 2002 8:00 am
Secretary of State

08-12-2002 90003 005 ***550.00

DOCUMENT # P11046
 1. Entity Name
ESSEX HOUSE CONDOMINIUM CORPORATION

250 ✓

Principal Place of Business
**10400 FERNWOOD RD
 BETHESDA MD 20817
 US**

Mailing Address
**10400 FERNWOOD RD
 DEPT 924.13
 BETHESDA MD 20817
 US**

010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-0888837		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SORENSEN, ARNE M		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RYAN, JOSEPH		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETTY, WILLIAM T		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INGALLS, DOROTHY M		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANDLON, CAROLYN B		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD 20817		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENZ, NANCY L.		NAME		
STREET ADDRESS	10400 FERNWOOD RD.		STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		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 of Nancy L. Benz* **8/1/02** (301) 380-8742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)