

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0621213 AT

DOCUMENT # **P11046**

1. Entity Name
ESSEX HOUSE CONDOMINIUM CORPORATION

250



FILED

03 AUG - 1 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA



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

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

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **52-0888837** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | SOENSON, ARNE M | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD 20817 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | RYAN, JOSEPH | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | PETTY, WILLIAM T | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD 20817 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | INGALLS, DOROTHY M | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD 20817 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | HANDLON, CAROLYN B | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD 20817 | |
| TITLE | AS | <input type="checkbox"/> Delete |
| NAME | BENZ, NANCY L. | |
| STREET ADDRESS | 10400 FERNWOOD RD. | |
| CITY-ST-ZIP | BETHESDA MD | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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08/01/03--01034--015 *550.00**

12. 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 10 or Block 11 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

JUL 29 2003

301-380-8742
Daytime Phone #

CR2E034 (10/02)