

2000 UNIFORM BUSINESS REPORT (UBR)

0006596

DOCUMENT # P12497

1. Entity Name

CCC RETIREMENT, INC.

FILED

00 APR -4 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10400 FERNWOOD RD
SUITE 500
BETHESDA MD 20817-1109
US

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

2. Principal Place of Business

6600 Rockledge Drive

3. Mailing Address

6600 Rockledge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 600

Suite 600

City & State

City & State

Bethesda, MD

Bethesda, MD

Zip

Country

20817-1109

US

Zip

Country

20817-1109

US

4. FEI Number

35-1658784

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., SUITE 105
TALLAHASSEE FL 32304

Name

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

City

800003206188 Zip Code - 5

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.

04/11/00 - 01087-014
****150.00 ****150.00

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 L
STREET ADDRESS 10400 FERNWOOD RD
CITY-ST-ZIP BETHESDA MD 20817

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 Rockledge Drive, 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
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
STREET ADDRESS 6600 Rockledge Drive, 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 20827

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 Rockledge Drive, 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 FL 20817

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6600 Rockledge Drive, 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