

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15676 (0)

1. Corporation Name
CBM TWO CORPORATION



Principal Place of Business: 10400 FERNWOOD RD. DEPT. 862 BETHESDA MD 20817
Mailing Address: 10400 FERNWOOD RD. DEPT 72/862 BETHESDA MD 20817 US

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 08/24/1987
3a. Date of Last Report: 03/27/1995
4. FEI Number: 52-1526053
5. Certificate of Status Desired:
6. Election Campaign Financing Trust Fund Contribution:
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable (NOT E. Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	P/D
NAME	PARSONS, ROBERT E, JR	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10400 FERNWOOD ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	V
NAME	TOWNSEND, CHRISTOPHER G	2.2 NAME	Christopher J. Nassetta
STREET ADDRESS	10400 FERNWOOD ROAD	2.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD	2.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	VD	3.1 TITLE	V/AS
NAME	MAYER, JEFFREY P	3.2 NAME	Pamela J. Murch
STREET ADDRESS	10400 FERNWOOD ROAD	3.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD	3.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	AS	4.1 TITLE	AS
NAME	WALLACE, SUSAN E	4.2 NAME	David E. Reichmann
STREET ADDRESS	10400 FERNWOOD RD.	4.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD	4.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	CAOV	5.1 TITLE	V/D
NAME	HART, MATTHEW J	5.2 NAME	William E. Einstein
STREET ADDRESS	10400 FERNWOOD ROAD	5.3 STREET ADDRESS	10400 Fernwood Road
CITY-ST-ZIP	BETHESDA MD	5.4 CITY-ST-ZIP	Bethesda, MD 20817-1109
TITLE	V	6.1 TITLE	V/D
NAME	STEMERMAN, BRUCE F	6.2 NAME	
STREET ADDRESS	10400 FERNWOOD ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BETHESDA MD	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Susan E. Wallace Susan E. Wallace 4/18/96 (301) 380-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)